



Design Cost Data™

# FREE Subscription Form

The Cost Estimating Magazine For Design and Construction, Since 1958.

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**Required Information:**

Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ \*Fax: \_\_\_\_\_  
\* Email: \_\_\_\_\_

**Qualification Information**

**What is your Business/Industry?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Architect, Arch./Eng.         | <input type="checkbox"/> Contractor or Builder | <input type="checkbox"/> Design/Build               |
| <input type="checkbox"/> Engineer                      | <input type="checkbox"/> Developers            | <input type="checkbox"/> Library, Trade Association |
| <input type="checkbox"/> Design Firm                   | <input type="checkbox"/> Academic              | <input type="checkbox"/> Estimator                  |
| <input type="checkbox"/> Other Related Industry: _____ |  |   |

**What is your Job Title?**

- |  |                                     |                                    |
|--|-------------------------------------|------------------------------------|
| <input type="checkbox"/> President       | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Designer  |
| <input type="checkbox"/> Owner/Partner   | <input type="checkbox"/> Estimator  | <input type="checkbox"/> Architect |
| <input type="checkbox"/> Project Manager | <input type="checkbox"/> Specifier  |                                    |
| <input type="checkbox"/> Other: _____    |                                     |                                    |

**What Areas do You Specialize in?**

- |                                       |                                     |                                       |
|---------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Civic        | <input type="checkbox"/> Industrial | <input type="checkbox"/> Recreational |
| <input type="checkbox"/> Commercial   | <input type="checkbox"/> Medical    | <input type="checkbox"/> Religious    |
| <input type="checkbox"/> Hotel/Motel  | <input type="checkbox"/> Office     | <input type="checkbox"/> Residential  |
| <input type="checkbox"/> Other: _____ |                                     |                                       |

**What is Your Yearly Volume of Business?**

- |   |   |
|---|---|
| <input type="checkbox"/> Under \$250,000        | <input type="checkbox"/> \$250,000 to \$499,000     |
| <input type="checkbox"/> \$500,000 to \$999,999 | <input type="checkbox"/> \$1 Million to \$5 Million |
| <input type="checkbox"/> Over \$5 Million       |   |

**Design Cost Data Magazine (Digital Edition):**

- Yes**, I want the DCD Digital Edition emailed to my inbox  
 **No**, I do not want the DCD Digital Edition

**Design Cost Data Magazine (Monthly E-News):**

- Yes**, I want the DCD E-News emailed to my inbox each month  
 **No**, I do not want the DCD E-News

Signature: (required) \_\_\_\_\_

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