The Gravure Association of the Americas conducts the Annual Golden Cylinder Awards Competition to promote the gravure process and to provide peer recognition for technical achievement. The competition is designed to identify the “Best of Gravure” in each segment of the industry and to distinguish technical innovations.
WHO SHOULD ENTER
The Golden Cylinder Awards Competition is open to all GAA members and non-members.
All entries must be produced during the 2019 calendar year and must use the gravure process. Entries must be production units against an order, except for the supplier innovation category. The entrant must designate the Golden Cylinder Award Category for which they are entering, subject to final review by the GAA Golden Cylinder Awards Committee. Entries in the technical innovation category must include complete description and supporting evidence of the technical innovation, including a factual statement of support from one or more customers or users.

ENTRY REQUIREMENTS
Each entry must be accompanied by its own entry form and entry fee. An item may be entered in more than one category, but an additional entry form must be completed and the appropriate entry fee must be included. Entries using common graphics or a theme throughout a product line may be entered individually or as a family (i.e., one entry consisting of a group of pieces). Families are limited to five pieces.

Multiple and Family of Entries:

<table>
<thead>
<tr>
<th></th>
<th>Members</th>
<th>Non-Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>One to four entries</td>
<td>$155 each</td>
<td>$305 each</td>
</tr>
<tr>
<td>Five or more entries</td>
<td>$135 each</td>
<td>$265 each</td>
</tr>
</tbody>
</table>

ENTRY FEES
Each entry must be accompanied by the appropriate entry fee(s). Mutual entries must be accompanied by the appropriate entry fee for each company taking part in the mutual entry (i.e., design firm, engraver, & printer = 3 companies x entry fee). Family entries will be considered one entry.

GAA accepts Visa, MasterCard and American Express. Make checks payable to the Gravure Association of the Americas, Inc.

SEND COMPLETED ENTRIES TO
GOLDEN CYLINDER AWARDS COMPETITION
c/o Pamela Schenk
1673 Winton Road North
Rochester, NY 14609

If you have any questions concerning the Golden Cylinder Awards competition, please contact Pamela Schenk at GAA:
Tel: 201-523-6042 Fax: 201-523-6048
E-mail pwschenk@gaa.org

RIGHTS RESERVED
All entries and submitted materials will be retained by the Gravure Association of the Americas.
Each entry form contains a release statement giving GAA the right to promote and display the entry as an example of gravure technology.
It is the responsibility of all entrants to secure the necessary permission from all suppliers and clients before submitting an entry.

MUTUAL ENTRIES
Mutual entries made by two or more companies may be submitted, accompanied by the appropriate entry fee.

DUPLICATE ENTRIES
If two companies submit the same product in the same category, the second entry to arrive will be rejected and the company will be notified immediately.

HOW TO ENTER
1. Accurately complete an entry form for each separate entry. Please print legibly or type all requested information. Retain a copy of each entry for your files.
2. All completed entries, including the entry fee, must be received by 5 p.m. Friday, June 26, 2020.

AWARD ANNOUNCEMENTS
Judging takes place in the spring. Winners will be announced at the Golden Cylinder Awards Ceremony held during the fall of 2020.

Note: Attendance at the award ceremony by a company representative is expected in order to receive the award. Exceptions to this will be considered based upon individual company requests.

The Golden Cylinder Awards categories have been revamped to reflect the scope of Gravure Association of the Americas. While the categories remain broad, subcategories will afford the judges the latitude to award more than one winner, within a given category. Every effort is being made to protect and enhance the prestige of these awards; rest assured that all entries judged to be worthy of a Golden Cylinder Award will receive one!
ENTRY FORM FOR THE GRAVURE ASSOCIATION OF THE AMERICAS 2020 GOLDEN CYLINDER AWARDS

NAME OF ENTRY: .................................................................................................................................................. ID NO.: ........................................................ (GAA to Assign ID No.)

Complete a separate form for each entry. Forms must be complete and legible, and must include the name and telephone number of the person submitting the entry. If you need additional forms, you may photocopy this one, or you can contact GAA. Upon receipt of your entry, GAA will assign an ID number. The deadline for entries has been extended to June 26. Please remember to sign the release statement.

ALL INCOMPLETE FORMS/ENTRIES WILL BE REJECTED AND DETERMINED INELIGIBLE UNLESS THE DEFICIENCIES ARE CORRECTED PRIOR TO JUDGING.

AWARD CATEGORIES (Please Choose One Category Per Entry)

A. PACKAGING AND LABEL
Packaging and labels exhibiting the best gravure printing on various substrates.

☐ A1 Paper
☐ A2 Film-Film Lamination
☐ A3 Film-Board Lamination
☐ A4 Film-Surface/Reverse Printed
☐ A5 Film-Shrink
☐ A6 Film-Pressure Sensitive
☐ A7 Unsupported Foil
☐ A8 Paperboard/Top Coated
☐ A9 Corrugated

B. PRODUCT
Gravure-quality execution of graphics on various substrates.

☐ B1 Decorative Coverings
☐ B2 Floorcoverings
☐ B3 Postage Stamps & Security Printing
☐ B4 Giftwrap
☐ B5 Novelty Products
☐ B6 Functional
☐ B7 Vinyl Substrates
☐ B8 Decorative Laminates

C. PUBLICATION
Publication exhibiting the best gravure printing on various substrates.

☐ C1 Newsprint
☐ C2 Retail Supercalendered
☐ C3 Catalog
☐ C4 Magazine
☐ C5 Retail Lightweight Coated (Under 40#)
☐ C6 Catalog
☐ C7 Magazine Coated (Over 40#)
☐ C8 Retail
☐ C9 Catalog
☐ C10 Magazine

D. *TECHNICAL INNOVATION
Innovation should improve customer satisfaction, productivity and/or delivery.

☐ D1 Image Preparation (Prior to Engraving)
☐ D2 Image Carrier
☐ D3 Inks & Substrates
☐ D4 Press
☐ D5 Post Press
☐ D6 Packaging
☐ D7 Product
☐ D8 Label

* The technical innovation should be company-wide and help meet the needs of the customer, penetrate new markets, and/or grow the gravure market and process. Note: 3rd party testimonies must be provided on product launch/sales.

To assist the judges in the process, please include the following items for each entry, if applicable:

• The item itself (please send two in case one is damaged during judging)
• The run sheet
• The item applied to finished product, if applicable. For example, if judging a label, please send the label attached to the bottle or carton, etc. (You may use filler in place of the actual product to reduce weight and shipping costs)

If a portion of the item has been printed w/a different process, please use masking tape to indicate the portion of the item not to be judged. For example, on a publication, if the cover is not printed gravure, please tape this portion of the entry, and any additional pages. This will save time and effort and help the judging process function smoothly.

ENTRANT CONTACT INFORMATION

Company Name: ...................................................................................................................................................

Address: .............................................................................................................................................................

City, State, Zip Code: ...........................................................................................................................................

Name of Contact Person: ................................................................................ Tel: ........................................

Email: .............................................................................................................................................................. Fax: .........................................
NAME OF ENTRY: ................................................................. ID NO.: .................................................................

(GAA to Assign ID No.)

TYPE OF ENTRY
☐ Individual    ☐ Mutual

TYPE OF COMPANY
☐ Member Company    ☐ Non-Member Company

ENTRY FEES

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<td>$135 each</td>
<td>$265 each</td>
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</tbody>
</table>

METHOD OF PAYMENT

☐ Check enclosed *(payable to Gravure Association of the Americas)*  ☐ MasterCard  ☐ Visa  ☐ American Express

Account Number: ................................................................. Expiration Date: .................................................................
Name on Card: ................................................................. Sec Code: .................................................................

CONTACT INFORMATION FOR CARDHOLDER

Name of Contact: .................................................................
Company Name: .................................................................
Address: .................................................................
City, State, Zip: .................................................................
Email: .................................................................
NAME OF ENTRY & CATEGORY: ............................................................ ID NO.: ............................................................

COMPANY NAME:
Address: ...........................................................................................................................................................................
City, State, Zip: ...................................................................................................................................................................
Name of Contact Person: ..................................................................................................................................................
Tel: ....................................................................................................................................................................................
Fax: ....................................................................................................................................................................................

Email: ................................................................................................................................................................................

Complete this section for mutual entries only:
COMPANY NAME:
Address: ...........................................................................................................................................................................
City, State, Zip: ...................................................................................................................................................................
Name of Contact Person: ..................................................................................................................................................
Tel: ....................................................................................................................................................................................
Fax: ....................................................................................................................................................................................

Email: ................................................................................................................................................................................

Complete this section for all entries, if applicable:
DESIGNER NAME:
Address: ...........................................................................................................................................................................
City: .............................................................................................................. State: ........................................ Zip: ..........................................................
Name of Contact Person: ..................................................................................................................................................
Tel: ....................................................................................................................................................................................

Email: ................................................................................................................................................................................

SEPARATOR NAME:
Address: ...........................................................................................................................................................................
City: .............................................................................................................. State: ........................................ Zip: ..........................................................
Name of Contact Person: ..................................................................................................................................................
Tel: ....................................................................................................................................................................................

Email: ................................................................................................................................................................................

ENGRAVER NAME:
Address: ...........................................................................................................................................................................
City: .............................................................................................................. State: ........................................ Zip: ..........................................................
Name of Contact Person: ..................................................................................................................................................
Tel: ....................................................................................................................................................................................

Email: ................................................................................................................................................................................

PRINTER NAME:
Address: ...........................................................................................................................................................................
City: .............................................................................................................. State: ........................................ Zip: ..........................................................
Name of Contact Person: ..................................................................................................................................................
Tel: ....................................................................................................................................................................................

Email: ................................................................................................................................................................................

PRESS MANUFACTURER:
Address: ...........................................................................................................................................................................
City: .............................................................................................................. State: ........................................ Zip: ..........................................................
Name of Contact Person: ..................................................................................................................................................
Tel: ....................................................................................................................................................................................
No. of press units: ............................................................................................................................................................
No. of colors/coatings: ........................................................................................................................................................

Email: ................................................................................................................................................................................

SUBSTRATE MANUFACTURER:
Address: ...........................................................................................................................................................................
City: .............................................................................................................. State: ........................................ Zip: ..........................................................
Name of Contact Person: ..................................................................................................................................................
Tel: ....................................................................................................................................................................................
Product Name: .................................................................................................................................................................

Email: ................................................................................................................................................................................

INK MANUFACTURER:
Address: ...........................................................................................................................................................................
City: .............................................................................................................. State: ........................................ Zip: ..........................................................
Name of Contact Person: ..................................................................................................................................................
Tel: ....................................................................................................................................................................................
Product Name: .................................................................................................................................................................

Email: ................................................................................................................................................................................
2020 GOLDEN CYLINDER AWARDS ENTRY FORM
ALL CATEGORIES

NAME OF ENTRY:

Category: ID NO. (GAA to assign ID NO.):

DESCRIPTION OF ENTRY
The judge’s guidelines are outlined on the next page. Written documentation is a very important element of the competition. It could be the difference in what entry is determined “The Best of Show”.

Release Statement:
I hereby give the Gravure Association of the Americas the right to promote, publicize and display this entry as an example of gravure technology. I acknowledge that the necessary permission has been obtained from all suppliers and clients named within this entry form prior to submitting the entry to the Gravure Association of the Americas for the 2020 Golden Cylinder Awards Competition.
Don’t take the risk of your entry becoming ineligible. This signature MUST be on the file prior to judging.

Authorized Signature of Entrant
2020 GOLDEN CYLINDER AWARDS ENTRY FORM
GUIDELINES

We heard you! We have returned to the single paragraph version of the “description of entry” form. Below are the criteria which should be included.

FOR CATEGORIES A, B AND C: DESCRIPTION OF ENTRY

Please include the information below if possible when describing your entry.

☐ Job Difficulty
Are there multiple colors used? Quality of ink coverage – color intensity and lay? Quality of line and tone? Screen lines per inch? Any overprints and varnish? Was there a difficult registration pattern? Are there complex foil stamps or typically difficult effects used?

☐ Substrate Choice
Was the substrate choice appropriate and/or effective for the piece? Or did they do an exceptional job with substrate that is difficult to use?

☐ Prepress
To what degree did the prepress work contribute to the quality of the entry?

☐ Specialized Printing
Did the job require custom inks & coatings, backprint, etc.?

☐ Image Quality
• To what degree does the entry meet the purpose for which it is intended?
• Does the entry demonstrate a creative use of the gravure process and to what degree is the gravure process essential to the quality of the entry?
• Have quality targets been met: clean wipe, registration, dot and solid quality, finishing/bindery quality?

☐ Visual Impact
• Is your overall impression of the piece favorable?
• Is it particularly appealing in terms of image quality and visual impact?

☐ Technical Innovation
How does the entry “Stretch the Envelope” of Gravure Technology? Is new or modified technology incorporated in the entry, or the new application of an existing technology?

FOR CATEGORIES D: DESCRIPTION OF ENTRY

Please include the information below if possible when describing your entry.

☐ What is your innovation and how does it work?
☐ How does this improve or impact gravure?