

SRMSDC Supplier of the Year Awards Program
Nomination Worksheet
WORKSHEET MUST BE TYPED

Item 1: SUBMISSION

Please tell us who's submitting this nomination

Regional Council _____
 Council President _____
 Address _____
 City/State/Zip _____
 Telephone _____ Fax _____

Corporation _____
 Individual _____
 Title _____
 Address _____
 City/State/Zip _____
 Telephone _____ Fax _____

Item 2: NOMINATIONS

- ANNUAL SALES LESS THAN \$1 MILLION CLASS 1
- ANNUAL SALES BETWEEN \$1 MILLION AND \$10 MILLION CLASS 2
- ANNUAL SALES BETWEEN \$10 MILLION AND \$50 MILLION..... CLASS 3
- ANNUAL SALES GREATER THAN \$50 MILLION..... CLASS 4
- BUYER OF THE YEAR.....
- ADVOCATE OF THE YEAR.....
- EXECUTIVE OF THE YEAR.....
- CORPORATION OF THE YEAR.....

CLASS 1 NOMINEES: (up to three can be submitted in each category)

Principal Officer/Owner: _____
 Company: _____
 Business Address: _____
 City/State/Zip: _____
 Telephone: _____ Fax: _____

Principal Officer/Owner: _____
 Company: _____
 Business Address: _____
 City/State/Zip: _____
 Telephone: _____ Fax: _____

Principal Officer/Owner: _____
 Company: _____
 Business Address: _____
 City/State/Zip: _____
 Telephone: _____ Fax: _____

CLASS 2 NOMINEES: (up to three can be submitted in each category)

Principal Officer/Owner: _____
Company: _____
Business Address: _____
City/State/Zip: _____
Telephone: _____ Fax: _____

Principal Officer/Owner: _____
Company: _____
Business Address: _____
City/State/Zip: _____
Telephone: _____ Fax: _____

Principal Officer/Owner: _____
Company: _____
Business Address: _____
City/State/Zip: _____
Telephone: _____ Fax: _____

CLASS 3 NOMINEES: (up to three can be submitted in each category)

Principal Officer/Owner: _____
Company: _____
Business Address: _____
City/State/Zip: _____
Telephone: _____ Fax: _____

Principal Officer/Owner: _____
Company: _____
Business Address: _____
City/State/Zip: _____
Telephone: _____ Fax: _____

Principal Officer/Owner: _____
Company: _____
Business Address: _____
City/State/Zip: _____
Telephone: _____ Fax: _____

CLASS 4 NOMINEES: (up to three can be submitted in each category)

Principal Officer/Owner: _____
Company: _____
Business Address: _____
City/State/Zip: _____
Telephone: _____ Fax: _____

Principal Officer/Owner: _____
Company: _____
Business Address: _____
City/State/Zip: _____
Telephone: _____ Fax: _____

Principal Officer/Owner: _____
Company: _____
Business Address: _____
City/State/Zip: _____
Telephone: _____ Fax: _____

BUYER OF THE YEAR

Name: _____
Company: _____
Business Address: _____
City/State/Zip: _____
Telephone: _____

IMPACT OF THE YEAR

Name: _____
Company: _____
Business Address: _____
City/State/Zip: _____
Telephone: _____

CEO/EXECUTIVE OF THE YEAR

Name: _____
Company: _____
Business Address: _____
City/State/Zip: _____
Telephone: _____

CORPORATION OF THE YEAR

Company:

Business Address:

City/State/Zip:

A letter of recommendation must accompany the Nomination Worksheet from the nominating corporation for each supplier nominated.

Nominations must be submitted by July 22

Please email nominations to info@srmsdc.org & cc:
angelia.brown@motion-ind.com

SRMSDC

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Birmingham, AL 35210

Business Connections Hotline: (205) 588-0048

Fax: (205) 957-2114