**Suppliers of the Year Awards Program**

**Corporate Nomination Worksheet**

 **2025**

**WORKSHEET MUST BE TYPED**

**SECTION 1 - SUBMISSION: *Please tell us who is submitting this nomination***

**REGIONAL AFFILIATE:** Western Regional MSDC

**AFFILIATE PRESIDENT:**  Donna Ruff

 *First M.I . Last*

Street Address:80 Swan Way, Suite 245

Oakland CA 94621

 *City State Zip Code*

Telephone: 510.686.2555 Fax: N/A E-mail: donna@wrmsdc.org

**NOMINATING CORPORATION:**

Individual Name:

 *First M.I . Last*

Title: President

Street Address:

 *City State Zip Code*

Telephone:      )      Fax:(     )      E-mail:

**SECTION 2 - NOMINATIONS: *Submit up to three nominees in each of the following categories***

Annual Sales Less Than $1 Million CLASS I

Annual Sales Between $1 and $10 Million CLASS II

Annual Sales Between $10 and $50 Million CLASS III

Annual Sales Greater than $50 Million CLASS IV

**NOMINEES: – CLASS I**

**Nominee**

Principal Officer/Owner:

 *First M.I . Last*

Title:

Company:

Business Address:

 *City State Zip Code*

Telephone:            Fax:(     )      E-mail:

**Nominee**

Principal Officer/Owner:

 *First M.I . Last*

Title:

Company:

Business Address:

 *City State Zip Code*

Telephone: (     )      Fax:(     )      E-mail:

**Nominee**

Principal Officer/Owner:

 *First M.I . Last*

Title:

Company:

Business Address:

 *City State Zip Code*

Telephone: (     )      Fax:(     )      E-mail:

**NOMINEES: - CLASS II**

**Nominee**

Principal Officer/Owner:

 *First M.I . Last*

Title:

Company:

Business Address:

 *City State Zip Code*

Telephone: (     )      Fax:(     )      E-mail:

**Nominee**

Principal Officer/Owner:

 *First M.I . Last*

Title:

Company:

Business Address:

 *City State Zip Code*

Telephone: (     )      Fax:(     )      E-mail:

**Nominee**

Principal Officer/Owner:

 *First M.I . Last*

Title:

Company:

Business Address:

 *City State Zip Code*

Telephone: (     )      Fax:(     )      E-mail:

**NOMINEES: - CLASS III**

**NOMINEE**

Principal Officer/Owner:

 *First M.I . Last*

Title:

Company:

Business Address:

 *City State Zip Code*

Telephone: (     )      Fax: (     )      E-mail:

**NOMINEE**

Principal Officer/Owner:

 *First M.I . Last*

Title:

Company:

Business Address:

 *City State Zip Code*

Telephone: (     )      Fax:(     )      E-mail:

**Nominee**

Principal Officer/Owner:

 *First M.I . Last*

Title:

Company:

Business Address:

 *City State Zip Code*

Telephone: (     )      Fax:(     )      E-mail:

**NOMINEES: - CLASS IV**

**Nominee**

Principal Officer/Owner:

 *First M.I . Last*

Title:

Company:

Business Address:                   *City State Zip Code*

Telephone: (     )      Fax (     )      E-mail:

**Nominee**

Principal Officer/Owner:

 *First M.I . Last*

Title:

Company:

Business Address:

 *City State Zip Code*

Telephone: (     )      Fax:(     )      E-mail:

**Nominee**

Principal Officer/Owner:

 *First M.I . Last*

Title:

Company:

Business Address:

 *City State Zip Code*

Telephone: (     )      Fax:(     )      E-mail:

A letter of recommendation must accompany the Corporate Nomination Worksheet from the nominating corporation for each supplier nominated, which specifically discusses the awards categories and selection criteria in the Handbook.