



***Nomination Form for
2008 ANNUAL OUTSTANDING SUPPLIER OF THE YEAR
BEACON AWARD***

NOMINATED BY:

(Nominations may be submitted anonymously)

ISM NJ - MEMBER _____ Date _____

Corporation _____

Phone _____ E Mail _____

FIRST CHOICE:

Corporation name _____

Executive _____ Title _____

Address _____ City _____

State _____ Zip _____

Phone _____ E Mail _____

Please describe why your supplier has met or exceeded one or more of the following criteria: [Please note this is only suggested criterion]

- a) Add Value to the Product
- b) Reduce Inventories
- c) Save Costs
- d) Reduce Time Delays
- e) Allow Customers To Customize Products
- f) Provide Highly Effective Customer Services
- g) Create Collaboration & Trust

Outstanding reason for nomination: (attached additional documentation as needed)

BALLOTS DUE NO LATER THAN February 28, 2008 – Recipients to be present at award dinner – April 9, 2008 – Somerset Hills Hotel, Warren, NJ

SUBMIT NOMINATIONS TO KATHY PERNA. VIA:

E-mail: info@ismnj.org

Fax (908) 431-1122

Mail: ISM-NJ

P.O. Box 6585, Hillsborough, NJ 08844

[This form may be duplicated for additional nominations]