



## *Awards of Excellence 2014 Associate Member Award*

# ***Awards of Excellence 2014***

## *Associate Member Award*

Thank you for your interest in preparing a submission for the 2014 IFMA Awards of Excellence program. We appreciate your participation in this awards program and your effort to complete the nomination form and email submission process thoroughly and thoughtfully.

### **Nomination Process**

Nominating for an award is as easy as 1-2-3!

1. Review [helpful docs online](#).
2. Complete this nomination form and create supporting exhibit files.
3. Email this form and digital files for supporting exhibits to [awards@ifma.org](mailto:awards@ifma.org).

All completed submissions are due to IFMA headquarters by **May 12, 2014**. Nominators and entrants will be notified in August 2014 regarding qualification. All awards will be presented at the Awards of Excellence events at World Workplace 2014 on Friday, Sept. 19 in New Orleans, Louisiana.

Please contact IFMA Awards of Excellence by e-mail at [awards@ifma.org](mailto:awards@ifma.org), or by phone at 281-609-0990, if you have any questions.



**2014 NOMINATION FORM**

Two awards may be presented in this category – one to an international Associate member company or its representative and a second to a chapter or council affiliated company or its representative. Each award will be presented in recognition of voluntary contributions to IFMA at the local, regional, national or international level. Submittal covers activities from May 1, 2013 to April 30, 2014. Please complete the following information:

**Who are you?**

You must be an IFMA member to submit a nomination. As the nominator, all communications regarding this entry will be directed to you.

Name: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal code: \_\_\_\_\_  
Country: \_\_\_\_\_

**Who are you nominating?**

Nominee(s) must be an IFMA member in good standing. Please list individual or team lead contact.

Nominee: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Company phone #: \_\_\_\_\_  
Current position: \_\_\_\_\_ Number of years in position: \_\_\_\_\_  
Business address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Mail code: \_\_\_\_\_  
Country: \_\_\_\_\_

**Award category:**

Check One:  International  Chapter/Council Affiliated  
Check One:  Individual representative  Company





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3. Has the nominee (individual representative or company) participated at the international level with IFMA? (0-20 points)
  
  
  
  
  
  
  
  
  
  
4. What type of sponsorship contribution has the nominee (individual representative or company) provided? What were the results of those contributions? (0-20 points)

**Your Authorization:**

I hereby agree that IFMA has the right to use my name and information in this form as it relates to the promotion of this award. I understand the award can be published in IFMA and other trade publications.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### **Your Organization's Authorization:**

We hereby agree that IFMA has the right to use our nominee's name, organization and information in this form as it relates to the promotion of this award. We understand the award can be published in IFMA and other trade publications.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Exhibits:**

Please include a maximum of five additional file attachments to the submission email for exhibits.

### **Submit nomination:**

Email this form and additional exhibit files to [awards@ifma.org](mailto:awards@ifma.org).

Each submission is reviewed to ensure it meets the specific requirements established for that particular category. *Incomplete submissions or those that do not meet the requirements will be returned to the nominator and will not be considered eligible.*