



**MARKETING/ADVERTISING**

SUBMISSION FORM

PLEASE TELL THE JUDGES ABOUT YOUR ENTRY

COMPANY: \_\_\_\_\_

NAME OF CAMPAIGN: \_\_\_\_\_

CATEGORY ENTERED: (CHOOSE ONE)

☐

**Campaign of The Year**

☐

**New Product Launch**

☐

**Collaboration**

☐

**Social Media**

CHECK IF APPLICABLE:

☐

THIS PRODUCT IS ALSO ENTERED IN OTHER CATEGORIES

☐

THIS COMPANY HAS ALSO ENTERED OTHER PROGRAMS IN OTHER CATEGORIES

DESCRIBE THE CAMPAIGN. MUST BE AT LEAST 50 WORDS:

WHAT MAKES THIS CAMPAIGN INNOVATIVE?

WHO IS YOUR TARGET AUDIENCE?

WHAT BUZZ HAVE YOU CREATED?

ADDITIONAL COMMENTS:

DATE OF IMPACT (must have occurred between 3/1/17 and 2/28/18):

**PRINT ALL INFORMATION CLEARLY**

NAME OF PERSON SUBMITTING ENTRY: \_\_\_\_\_

CONTACT EMAIL FOR PERSON SUBMITTING: \_\_\_\_\_

PHONE FOR PERSON SUBMITTING: \_\_\_\_\_

NAME OF THE PRODUCT/CAMPAIGN BEING SUBMITTED: \_\_\_\_\_

COMPANY NAME (Product/Campaign): \_\_\_\_\_

YEAR THE COMPANY STARTED: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

CONTACT NUMBERS + AREA CODE: PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME OF REPRESENTATIVE FOR COMPANY AT CITY AWARDS EVENT, IF THEY WIN:

\_\_\_\_\_  
I ACKNOWLEDGE THE ACCURACY OF THE INFORMATION PROVIDED IN THIS ENTRY.

SIGNATURE:

\_\_\_\_\_  
DATE: \_\_\_\_\_

DON'T FORGET TO INCLUDE USB WITH THE FOLLOWING:

1. PHOTOS OF PRODUCTS/BOARDS
2. COMPANY LOGO
3. SUBMISSION FORMS

**\* Incomplete entries will NOT be judged**



**INDEPENDENT COSMETIC MANUFACTURERS & DISTRIBUTORS, INC.**

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