



INDUSTRY CONTRIBUTOR

SUBMISSION FORM

PLEASE TELL THE JUDGES ABOUT YOUR ENTRY

COMPANY: _____

NAME OF PRODUCT: _____

CATEGORY ENTERED: (CHOOSE ONE)

- ☐ Innovative Company
- ☐ Charitable Company
- ☐ Best All Around Indie Brand
- ☐ Entrepreneur
- ☐ Best All Around Brand
- ☐ Best “Green” Brand

CHECK IF APPLICABLE:

- ☐ THIS PRODUCT IS ALSO ENTERED IN OTHER CATEGORIES
- ☐ THIS COMPANY HAS ALSO ENTERED OTHER PRODUCTS IN OTHER CATEGORIES

DESCRIBE THE CONTRIBUTOR. MUST BE AT LEAST 50 WORDS:

WHAT OBSTACLES HAS THE CONTRIBUTOR OVERCOME?

WHO HAS BEEN INFLUENCED OR IMPACTED? Include charitable cause and the difference made.

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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