



PRODUCT INNOVATION

SUBMISSION FORM

PLEASE TELL THE JUDGES ABOUT YOUR ENTRY

COMPANY: _____

NAME OF PRODUCT: _____

CATEGORY ENTERED: (CHOOSE ONE)

<input type="checkbox"/> Color Cosmetic Product: Face/Nails	<input type="checkbox"/> Bath & Body/Perfume & Home	<input type="checkbox"/> Fragrance/Aromatherapy	<input type="checkbox"/> Natural/Organic
<input type="checkbox"/> Facial Skincare Product	<input type="checkbox"/> Haircare	<input type="checkbox"/> Accessories & Tools	<input type="checkbox"/> Luxury Item (\$100 or more)

CHECK IF APPLICABLE:

THIS PRODUCT IS ALSO ENTERED IN OTHER CATEGORIES
 THIS COMPANY HAS ALSO ENTERED OTHER PROGRAMS IN OTHER CATEGORIES

DESCRIBE THE PRODUCT. MUST BE AT LEAST 50 WORDS:

WHAT MAKES THIS ENTRY INNOVATIVE?

WHO IS YOUR TARGET MARKET?

WHAT BUZZ HAVE YOU CREATED?

ADDITIONAL COMMENTS:

DATE OF PRODUCT LAUNCH: (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/CAMPAIN 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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