



2020 AAMA Supplier of the Year Award Nomination Form

Nominee

Company Name (as desired on award communications):

Company Contact Name (for award communications):

Contact Title:

Phone Number:

Cell Number:

Fax Number:

Email (required):

Mailing Address:

City, State, Zip:

Number of Employees at Alabama Operations:

Year Established:

Manufacturer or Service Provider:

Large Manufacturer (Employee base of 200 and
over) Small Manufacturer (Employee base under
200) Service Provider

Industry Description:

SIC/NAICS Code(s):

Website:

Application Completed By (if different than company contact above):

Contact Name:

Phone Number:

Nominator (leave blank if self-nominated)

Contact Name:

Contact Title:

Company Name:

Phone Number:

Cell Phone Number:

Fax Number:

Email:

Mailing Address:

City, State, Zip:

Please submit completed form (PDF) by **January 10, 2020**
to Madison Bosc at madisonaama@gmail.com