

RECOGNITION

SCACS 2012 Supplier of the Year

Date _____ Candidate's Name _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Number of years of service in the industry _____

Number of years of service with company _____

Nominated by _____ Title _____

E-mail _____ Phone _____

Please rate the nominee on each of the following (5 = best):

- | | | | | | |
|--|---|---|---|---|---|
| • SCACS Involvement | 1 | 2 | 3 | 4 | 5 |
| • Community Involvement | 1 | 2 | 3 | 4 | 5 |
| • Fundraising Efforts | 1 | 2 | 3 | 4 | 5 |
| • Partners with retailers to grow and improve business | 1 | 2 | 3 | 4 | 5 |
| • Communicates well with retailers | 1 | 2 | 3 | 4 | 5 |

Additional comments

Signature _____

Return form to SCACS by mail to PO Box 11045, Columbia, SC 29211, or fax to 803-419-4295, or email to director@scacs.org. Questions? Call SCACS at 803-419-0804.



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one team • one goal