

## 2010 REP OF THE YEAR

## **AWARD CRITERIA**

This award recognizes a sales representative/personnel that has demonstrated outstanding business leadership qualities and/or successfully cultivated and furthered relationships with retailers to increase sales/exceed sales goals. The nominee has delivered a high level of customer service, proactively helped manage inventory, and conducted shop clinics. Nominees from manufacturers, distributors and retailers are welcome. The nominee must be a MIAC member.

Applicant / N	ominee:		
(Self-nomination accepted)			
Name & Title			
Organization			
Address			
City/Prov/Postal C	Code		
Phone	Fax	E-mail	
Application /	Nomination Submitted by (if di	fferent from above):	
Name & Title			
Organization			
Address			
City/Prov/Postal C	Code		
Phone	Fax	E-mail	
What is your affiliation or relationship to the nominated organization (select one):    I am a staff member			
	I am a staff member  I am a board member	I have worked with this organization	
	I am a staff member  I am a board member	I have worked with this organization Other	
Association Inform	I am a staff member I am a board member I am a client/supplier	I have worked with this organization Other	
Association Inform	I am a staff member  I am a board member  I am a client/supplier  mation: Is nominee a MIAC member  YES	I have worked with this organization Other	
Association Inform	I am a staff member I am a board member I am a client/supplier  nation: Is nominee a MIAC member □ YES	I have worked with this organization Other	
Association Inform	I am a staff member I am a board member I am a client/supplier  nation: Is nominee a MIAC member □ YES	I have worked with this organization Other	
Association Inform	I am a staff member I am a board member I am a client/supplier  nation: Is nominee a MIAC member □ YES	I have worked with this organization Other	
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Association Inform	I am a staff member I am a board member I am a client/supplier  nation: Is nominee a MIAC member □ YES	I have worked with this organization Other	
Association Inform	I am a staff member I am a board member I am a client/supplier  nation: Is nominee a MIAC member □ YES	I have worked with this organization Other	

**DEADLINE FOR NOMINATIONS:** 

FRIDAY APRIL 29, 2011

Please return completed form to:

MIAC National Office 505 Consumers Rd., Suite 807 Toronto, Ontario, M2J 4V8

Fax to: 877-809-8600 Email to: janice@miac.net

