

2010 RETAILER OF THE YEAR

AWARD CRITERIA

This prestigious award recognizes outstanding retailers who have demonstrated a blend of sound business practices including staff training and development, marketing, advertising and promotion, customer service innovation, supplier relationships and community and/or charitable involvement. The nominee must be a MIAC member.

Applicant / Nominee:						
(Self-nomination accepted)						
Name & Title						
Organization						
Address						
City/Prov/Postal Code						
Phone Fax E-mail						
Application / Nomination Submitted by (if different from above):						
Name & Title						
Organization						
Address						
City/Prov/Postal Code						
Phone Fax E-mail						
What is your affiliation or relationship to the nominated organization (select one): \[\begin{array}{cccccccccccccccccccccccccccccccccccc						
NOMINEES' Accomplishments: What is the most compelling reason the nominee deserves the award?						
(If additional space is needed, type on a separate paper and attach).						

DEADLINE FOR NOMINATIONS:

FRIDAY APRIL 29, 2011

Please return completed form to:

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





2010 MANUFACTURER OF THE YEAR

AWARD CRITERIA

This award represents the pinnacle in manufacturing excellence today, acknowledging the outstanding achievements of a single manufacturing enterprise that has shown commitment to excellence, technological or applicational innovation, dedication to employees, and community investment. Service levels, channel innovations and new products development will be taken into account. The nominee must be a MIAC member.

Applicant / N	ominee:				
(Self-nomination accepted)					
Name & Title					
Organization					
Address					
City/Prov/Postal (Code				
Phone		Fax	E-mail		
Application /	Nomination Subn	nitted by (if dif	fferent from above):		
Name & Title					
Organization					
Address					
City/Prov/Postal (Code				
Phone	-	Fax	E-mail		
What is your affili	ation or relationship to t I am a staff member I am a board member I am a client/supplier	he nominated organ □ □	I have worked with this organization		
Association Information : Is nominee a MIAC member □ YES					
NOMINEES' A	Accomplishments	ii .			
What is the most compelling reason the nominee deserves the award?					
(If additional space	(If additional space is needed, type on a separate paper and attach).				

DEADLINE FOR NOMINATIONS:

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Please return completed form to:

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



FRIDAY APRIL 29, 2011



2010 **DISTRIBUTOR** OF THE YEAR

AWARD CRITERIA

This award recognizes the Distributor who truly personifies undisputed leadership, reflected through integrity, reputation, demonstrated business development, both turnover and profit performance and customer satisfaction. The nominee must be a MIAC member.

Applicant / N					
(Self-nomination acc	cepted)				
Name & Title					
Organization					
Address					
City/Prov/Postal	Code				
Phone	Fa	x	E-mail		
Application /	Nomination Submitt	ed by (if dif	ferent from above):		
Name & Title					
Organization					
Address					
City/Prov/Postal	Code				
Phone	Fa	x	E-mail		
What is your affil	iation or relationship to the n I am a staff member I am a board member I am a client/supplier	ominated organi	ization (select one): I have worked with this organization Other		
Association Information: Is nominee a MIAC member YES					
NOMINEES' Accomplishments:					
What is the most compelling reason the nominee deserves the award?					

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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					
(Self-nomination acc	epted)				
Name & Title					
Organization					
Address					
City/Prov/Postal (Code				
Phone	Fax	E-mail			
Application /	Nomination Submitted by (if d	ifferent from above):			
Name & Title					
Organization					
Address					
City/Prov/Postal (Code				
Phone	Fax	E-mail			
What is your affiliation or relationship to the nominated organization (select one): I am a staff member					
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2010 SERVICE to INDUSTRY

AWARD CRITERIA

This award honours an individual who, by their commitment, vision, leadership and unstinting service, has made an outstanding contribution to the development and success of the Canadian music products industry. 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 diff	erent 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						
Association Information : Is nominee a MIAC member \square YES						
NOMINEES' Accomplishments:						
What is the most compelling reason the nominee deserves the award?						
(If additional space	e is needed, type on a separate paper and att	ach).				

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