

MANUFACTURERS WALL OF FAME

-- Nomination Form --

Your Name: _____

Company: _____

Nominee: _____

Company affiliation(s) of nominee: _____

Position in Company: _____

Approximate dates in which nominee occupied management positions: _____

Brief description of major achievements of nominee:

(A long description is not required. Research will be conducted if necessary.)

(use additional page if necessary)

Is there another person we could contact to find out more about your nominee?

Name: _____ Phone: _____

Reminder of criteria that will guide the judges' selections:

- ◆ *Top officer of a **manufacturing firm***
- ◆ *Contributor to the economic well-being of the region*
- ◆ *An innovator in management, products and/or processes*
- ◆ *Openly shared with peers and was a civic and/or philanthropic leader*

Mail or Fax this form to:

Wall of Fame Nominations
MACNY, Fifth Floor, One Webster's Landing, Syracuse, NY 13202
Fax: 315/474-0524