

	Nomination for Gordon Burt Affleck Aw	ard Form
No	inee Name:	
Dat	:	
No	inated By:	
1)	Company Affiliation: 1) Name of Employer: 2) Work Address: 3) Work Number: 4) Job Title: 4) Number of Years in Supply Chain: 5) Scope of Responsibilities:	
2)	Association Activities (Include Local, District and National) Date Joined NAPM-Utah Or ISM-Utah: List of Offices Held/When:	
) List of Committee Service/ When:	
	l) Teaching and/or Arranging Seminars/ Workshops to improve Profe	ssionalism:
	e) Date Received C.P.M or C.P.S.M/ other Supply Chain certifications:	
3)	Related Supply Chain Activities (Non-ISM):) Publication of articles and/or books:	
	o) Offices held:	
) Classes Taught/Organized:	

	d) Company Activities (Contributions to Company, Restructuring, Functions, teaching, organizing, educational)
4)	Business, Civic, and Fraternal Activities (Give brief resume of offices held and services render)
5)	Honors Received(Professional, Business, Civic and Others)
6)	Intangibles (Personal Qualifications, Leadership Strengths, Recognition to Profession, Unselfish Efforts to Profession)
	Submit your completed form to nominations@ismutah.org