

MSMA Iowa Chapter MVP Nomination Form

1. Name of Nominee:

Company:

Address:

Phone:

E-mail:

2. How long has this individual been employed in the Mail Systems/Distribution industry?

3. How has this individual enhanced his/her own professional career in the Mail Systems/Distribution industry?

4. How has this individual contributed to the Mail Systems/Distribution industry?

5. What contributions has this individual made towards the Iowa MSMA Chapter?

6. Your Name:

Company:

Address:

Phone:

Fax:

E-mail: