

## **MSMA Iowa Chapter Vendor of The Year Nomination Form**

1. Name of Vendor:  
Vendor Representative:  
Address:  
  
Phone:  
Fax:  
E-mail:
2. How long has this vendor been affiliated with the Mail Systems/Distribution industry?
3. What products and/or services does this vendor provide to the Mail Systems/Distribution industry?
4. How has this vendor contributed to the Iowa Chapter of MSMA?
5. What contributions has this vendor made towards the Iowa MSMA Chapter?
6. Your Name:  
Company  
Address:  
  
Phone:  
Fax:  
E-mail: