

**ILLINOIS DIETARY MANAGERS ASSOCIATION  
VENDOR OF THE YEAR AWARD APPLICATION**

If you feel your vendor has provided you with quality products at a fair value with excellent service and has supported Illinois DMA in any way, you may nominate them for the Illinois Dietary Managers Association Vendor of the Year.

Vendor Name:

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Vendor/Business Address:

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Vendor/Business Contact Name/Information

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YOUR Name:

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YOUR DMA Member #: \_\_\_\_\_ YOUR Home Number: \_\_\_\_\_

YOUR e-mail address: \_\_\_\_\_

Please explain why you think this vendor should be named the "Vendor of the Year." (Include information too as to support of DMA at the District level, Pride in Foodservice Week, service projects at your employment, Hunger projects, and at the State level etc.)

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Return application by Date to  
Current President  
Address  
Email address