

FACTS ABOUT THE NOMINEE:

Name and title of nominee: _____

Company name: _____

Nominee's daytime phone: () _____

Nominee's company address: _____

City: _____ State: _____ Zip: _____

Nominee's date of birth: _____ Total number of years in the collision repair industry: _____

Education (list schools attended, degrees earned): _____

NOMINEE'S COLLISION REPAIR INDUSTRY BUSINESS HISTORY:

List shop(s) worked for and/or owned, dates and positions held. Review growth and development of business(s) this person has been in charge of: _____

NOMINEE'S SIGNIFICANT COLLISION REPAIR INDUSTRY CONTRIBUTIONS:

List any significant milestones, accomplishments, rewards, recognition, special achievements, etc. Review what makes this person different from the average shop owner: _____

INDUSTRY SERVICE RECORD/VOLUNTEERISM:

List all industry association involvement, leadership positions and committee activities nominee has been involved in, including date, position held, special achievements attained, special honors/recognition and offices held: _____

NOMINATOR INFORMATION:

Name and title of nominator: _____

Nominator's place of business: _____

Nominator's signature: _____

Nominator's daytime telephone: () _____

NOMINATION FORM MUST BE RECEIVED BY SEPT. 30, 2009.

Mail to: *BodyShop Business*, Executive of the Year, 3550 Embassy Parkway, Akron, Ohio 44333; or fax completed form to (330) 670-0874.