

QUALITY LEADER OF THE YEAR ASQ AUTOMOTIVE DIVISION

NOMINATION FORM for YEAR 20 _____

NOMINATOR NAME: _____ MEMBER #: _____

COMPANY
NAME: _____ TITLE: _____

WORK PHONE: () _____ HOME PHONE: () _____

Best time to call if the selection committee needs more formation: _____

NOMINEE: _____

TITLE: _____ ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: () _____ HOME PHONE: () _____

E-MAIL ADDRESS: _____

ROLE OF NOMINEE'S COMPANY IN THE AUTOMOTIVE INDUSTRY:
(supplier, consultant, manufacturer, etc.) _____

NOMINATING NARRATIVE: Highlight the specific accomplishments of the nominee including relevant gains he/she has made in quality in the past year. Quantify the results where possible and provide examples with supporting information on how the nominee demonstrates any or all of the **key characteristics of vision, customer-focused, quality philosophy and defect-prevention oriented.**
(Use additional sheet(s), as necessary.)

Please return nomination form to:

Carol Malone
576 Driscoll, Oakland, MI 48363
Phone: 586-752-9199
malonec@macomb.edu
malonec57@gmail.com

DEADLINE FOR NOMINATIONS: April 2, 20__