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| **Your contact information** | |
| Your First Name\* |  |
| Your Last Name\* |  |
| Your Email\* |  |
| Your Job Title\* |  |
| Your Company\* |  |
| Your Phone Number\* |  |
| Your State or Province\* |  |
| **Nominee's contact information** | |
| Nominee's First Name\* |  |
| Nominee's Last Name\* |  |
| Nominee's Email\* |  |
| Nominee's Job Title\* |  |
| Nominee's Company\* |  |
| Nominee's Phone Number\* |  |
| **Nomination** | |
| An overview of the partnership.\*  *What has the partnership been formed to achieve? What problem(s) in the industry will it aim to solve? Please include detail regarding each company involved, with one approved contact per company, for verification purposes.* |  |
| Evidence of 1-3 objectives of the partnership *and the means by which success is measured, including timelines for said achievements.*\* |  |
| Evidence of industry contribution\*  *Please provide examples of how your partnership is contributing to the wider automotive industry.* |  |
| 1 Testimonial from a senior figure at each company involved regarding the value of the partnership.\* |  |