

**American Association of Meat Processors**  
**Accomplishment Award Nomination**

Name of Nominee(s) \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Please describe the accomplishment(s) for which the nominee should receive recognition. List details that illustrate growth or other success and indicate why you think the Award should go to this person or team. Include newspaper and magazine articles printed about nominee, if available.

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List other considerations we should know about the accomplishment or individual.

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Name of person making the nomination \_\_\_\_\_

Company name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Please return to AAMP by April 30. Thank you!**  
**AAMP, One Meating Place, Elizabethtown, PA 17022**  
**Phone: 717-367-1168; Fax: 717-367-9096**