AME MANUFACTURING **E**XCELLENCE **A**WARD

Assistance Requested ____Yes

Intent to Apply



Note: Please provide the information indicated below and e-mail, fax or mail this form to Susan Chandler at the AME office (contact information at bottom). By submitting this Intent to Apply form it is assumed that you have reviewed the AME Manufacturing Excellence Award Evaluation Criteria and intend to submit an Achievement Report for your plant or site based on the information provided. If you would like your local AME Regional President to contact you about this application, please indicate so by selecting "Yes" below. (The President cannot help you fill it out, but he or she can explain the process and answer any questions you might have.) If you do not need assistance, select "No."

No

A PPLICANT			
Name of Applying Plant/Site			
Mailing Address			
City			
SITE CONTACT			
Name		_Title	
Telephone			
Email			
STATEMENT			
We understand that this Intent to Apply for of AME's Evaluation Team and AME staff. If visit examination to verify and clarify the intention to the control of the control	selected as a candidate for this aw	ard, our organization agrees to ho	
Signature	Da	te	

You can also mail it to her at 3701 Algonquin Road, Ste. 225, Rolling Meadows, IL 60008-3127. For further information



