



ADVANCED MANAGEMENT EDUCATION PROGRAM

I am pleased to recommend the following minority business owner to NMSDC's Advanced Management Education Program:

NAME: _____

ETHNICITY: _____

TITLE: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: () _____ **FAX:** () _____

E-MAIL: _____

NOMINATED BY: _____

YOUR COMPANY/COUNCIL: _____

Please make additional copies of this form if recommending more than one minority business owner.

Please complete and fax this form as soon as possible to:

STEVEN SIMS
NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL
1359 BROADWAY, 10TH FLOOR
NEW YORK, NEW YORK 10018
(212) 944-2430
(212) 719-9611 (FAX)