



GARRY ADAMS TRI-STATE MEMORIAL AWARD

The Tri-State Convention and the industry as a whole lost a true friend and advocate in 2010 with the passing of Garry Adams, President of the Dittman Adams Company. Garry was part of the team that took the Tri-State Convention from a vision to reality. He never stopped believing in the opportunities that the future holds for the Tri-State Convention, the tobacco industry and the c-store distribution channel.

The annual Garry Adams Tri-State Memorial Award has been created with the encouragement and support of many of Garry's friends and colleagues from all levels of the industry to recognize an individual who share some of Garry's strongest and most admirable traits ...

Industry Involvement ♦ Political Involvement ♦ Community/Charitable Involvement

The Garry Adams Tri-State Memorial Award will be presented at the Tri-State Tobacco and Candy Distributors Convention.

Nominations will be accepted until August 3rd and will be reviewed by a panel of Tri-State representatives



ELIGIBILITY

Any employee of a distributor member of the Tri-State Tobacco and Candy Distributor Convention states and any employee of a manufacturer or broker in the industry who exhibits the traits of Industry Involvement, Political Involvement and Community/Charitable Involvement.

NOMINATION PROCESS

- Complete Nomination Form (*see reverse side*)
- Feel free to include any materials supporting the nomination, *ie prior recognitions given to the nominee, statements of support from individuals familiar with the nominee's industry, political or community/charitable involvement, etc..*
- Return Nomination Form by August 3rd to:

Tri-State Convention
c/o Indiana Wholesale Distributors Association
P.O. Box 68178
Indianapolis, Indiana 46268-1825
(317) 610-5997
Email ann@centraloffice1.com



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Nomination Form

ELIGIBILITY Any employee of a distributor member of the Tri-State Tobacco and Candy Distributor Convention states and any employee of a manufacturer or broker in the industry.

NOMINEE: _____ **EMPLOYER:** _____

POSITION W/ COMPANY: _____ **YEARS W/COMPANY:** _____

Please describe how the nominee demonstrates each of the following traits. Feel free to use additional paper if needed and feel free to include any materials supporting the nomination, *ie prior recognitions given to the nominee, statements of support from individuals familiar with the nominee's industry, political or community / charitable involvement, etc..*

INDUSTRY INVOLVEMENT _____

POLITICAL INVOLVEMENT _____

COMMUNITY / CHARITABLE INVOLVEMENT _____

NOMINATED BY _____ **EMPLOYER** _____

PHONE () _____ **EMAIL** _____

Return Nomination Form by August 3rd to:

Tri-State Convention • c/o Indiana Wholesale Distributors Association • P.O. Box 68178
Indianapolis, Indiana 46268-0178 • Email: ann@centraloffice1.com