**EEI Diverse Business**
**Nomination Form**
**Service and Performance**

37th Annual Business Diversity Conference

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Please answer all questions. Use extra pages if needed for additional information on “Description”

1. Name of Diverse Business: ____________________________________________
   
   Address: ____________________________________________________________
   
   City: ___________________________ State: ______ Zip: ______________
   
   Email: ___________________________ Website: _______________________

2. Nature of Business/Occupation: ______________________________________

3. Years involved with diverse supplier: _________________________________

4. Please list/describe the diverse supplier’s products and services: ______

   Please describe why your company is honoring this diverse supplier:
   
   _________________________________________________________________
   
   _________________________________________________________________
   
   _________________________________________________________________

5. Diversity Category: ________________________________________________
   
   - Small Business *(SB)*
   - Minority-Owned Business Enterprise *(MBE)*
   - HUBZone
   - Small Disadvantaged Business *(SBD)*
   - Women-Owned Small Business *(WOSB)*
   - Veteran-Owned Small Business *(VOSB)*
   - Service Disabled Veteran-Owned Small Business *(SDVOSB)*
   - Women-Owned Business Enterprise *(WBE)*

Nominating Company: _________________________________________________

Contact(s):


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For printing purposes, submit all nominations before **March 19, 2021**.
Submit to supplierdiversity@eei.org. All awards information will be posted publicly.

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