

LETTER OF INTENT TO APPLY

ACOEM must receive this form along with your non-refundable deposit of \$500 no later than May 15. (Balance due with completed application.)

Yes, our organization plans to submit an application for the Excellence in Corporate Health Achievement Award for _____ (year applying).

Date _____

Organization Name

Address

City

State

Zip Code

Medical Director

Contact Person (if different from Medical Director)

Telephone: _____

Email: _____

Signature

Mail this form with your \$500 deposit payable to ACOEM eCHAA by May 15 to:

ACOEM Lockbox
P.O. Box 1205
Bedford Park, IL 60499-1205

Please reference eCHAA Application Fee on check.



BASIC INFORMATION ABOUT YOUR ORGANIZATION

Applicant Organization or Division Name:

Is this a subsidiary of a larger corporation?

- Yes
- No

If yes, parent organization name:

Organization Type – with 250 or more employees (check one):

- Manufacturing*
- Service*
- Government

**Please note: Where an applicant is both a manufacturer and a service provider, if 20% or more of the gross revenues comes from manufacturing, the organization is considered a manufacturer.*

Organization Status (check one):

- For-profit organization
- Non-profit organization
- Government organization

Number of Employees (include contract employees) _____

Number of Locations (approximate population in each) _____

Please provide a brief description of your organization: (Include willingness to provide details in the application if there has been a major health and safety or environmental infraction within the last 10 years. This information will be held in confidence by ACOEM.):
