



Define Excellence Application Form

(Please print the following form, fill it out and Fax or mail to QAI)

Practice Title or Name: _____

Company: _____ MailStop: _____

Address: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code _____ Country: _____

Business Phone: _____ Business Fax: _____

Email: _____

Department Applying for Award: _____

Information Technology Team: _____

Contact Person: _____

It is QAI's intent to redesign, reformat and distribute best practices submitted which are designated as such, to QAI member companies.

Please sign for authorization: _____

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