

## Progressive Excellence Program® Submission Information Sheet

Name (**First Contact**): \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Business Unit/Division (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name (**Second Contact**): \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Category:

Quality     Quality/OPS     Quality/FPS     SENIORWISE®     Education (K-12)

*Healthy Workplace*®     Excellence, Innovation and Wellness     Mental Health at Work®

Level:     1     2     3     4

For Levels 2, 3 or 4, please include **4 hard copies** of your submission, as well as 1 electronic copy

Sector:     Public     Private     Not for Profit

Are you associated with Excellence Canada?     Yes     No

If yes, specify:

### Partners In Excellence

Partner

Silver

Gold

Platinum

Size of Organization:  1-49  50-250  251+ # of employees \_\_\_\_\_

Please specify (PRINT) how your organization's name is to appear on the certificate. For example,

**Excellence Canada**  
**Sales Division**  
**Toronto, Ontario**

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Did you use a consultant for any process of the Progressive Excellence Program®?  Yes  No

If yes, whom? \_\_\_\_\_

How did you become aware of the Progressive Excellence Program®?

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**Payment Method:**

Cheque enclosed:  Yes  No

Would you like to be invoiced?  Yes  No P.O. # to be used \_\_\_\_\_

I, the undersigned, acknowledge that I have read, understood, and complied with the terms and conditions of participation in the Progressive Excellence Program® and certify that the information provided by me is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_