



PIDX 2024 OFFICER
NOMINATION FORM
(SELF-NOMINATIONS ARE ENCOURAGED)

CANDIDATE INFORMATION

Candidate Name: _____

Company: _____

Job Title: _____

Address: _____

City: _____

State: _____

Zip/Postal: _____

Telephone: _____

Email: _____

Candidate's Company is a ...

- PIDX Member
- PIDX Participant (Non-Voting Participant)*

*Note that PIDX Participants can only serve on Standards Committees

Candidate's Role in Company is. ...

- Employee
- Owner
- Consultant
- Other (Please Specify): _____

Position Nominating:

Board of Directors

- Supplier Director, 2024-2026
- Producer Director, 2024-2026 (2 Openings)
- At-Large Director, 2024-2026

Non-Standards Committees

___ Executive at Large, 2024-2026 (2 Openings)

Standards Committees

___ Catalog and Classification Work Group Chair, 2024-2026

Please list the most relevant leadership role(s) candidate has held in PIDX or another organization.

How will PIDX benefit from the candidate's involvement in a leadership role?

Skills, experience, and interests (please check all that apply):

- ___ E-Procurement (Ordering)
- ___ E-Commerce (Transacting)
- ___ Operating Resource Management
- ___ Enterprise Resource Planning
- ___ Producer Marketplaces
- ___ Content and Information Portals
- ___ Multivendor Catalogs
- ___ Listings (Exchanges, Hubs, Marketplaces)
- ___ Application Services
- ___ Other: _____

NOMINEE'S AGREEMENT TO ACCEPT PIDX LEADERSHIP RESPONSIBILITIES:

I, the undersigned, hereby declare my willingness to:

- Attend spring and fall Membership meetings
- Participate on and lead PIDX committees and tasks
- Help implement the PIDX vision and mission
- Promote adherence to the PIDX governing documents, including its Antitrust Policy, Bylaws and Procedures for Standards Development
- Pay travel expenses for meetings and other required activities
- Avoid any conflict of interest

SUBMITTER INFORMATION:

Company authorization of PIDX participant:

Submitter is the same individual nominated above.

Submitter is different from the individual nominated below:

Submitter First Name: _____

Submitter Last Name: _____

Submitter Job Title: _____

Submitter Company: _____

Submitter Telephone: _____

Submitter Email: _____

By providing my signature, I certify that the information submitted on this form is true and accurate and that I have the authority to bind my company to the terms set forth above.

Name of Nominee: _____

By (Signature): _____

Printed Name: _____

Title: _____

Date: _____