



# 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

**Non-Standards Committees**

\_\_\_ Executive at Large, 2024-2026

\_\_\_ Marketing Committee Chair, 2024-2026

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

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

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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:**

PIDX 2024 OFFICER NOMINATION FORM

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: \_\_\_\_\_