



Tour Nomination Details

Georgia Manufacturing Alliance

Date of nomination:

Nominated By:

Contact Name:

Contact Phone:

Contact Email:

Company Name:

Address of Tour Site:

Proposed Tour Dates:

Products – Description:

Product - Brand Names:

Interesting Facts / History:

3 Reasons to Attend:

What they will see / learn:

Optional Information

Square Footage:

Employees on site:

Annual Sales:

Year Established:

SIC Code (if known):

Headquarters Location:

Woman Owned:

Veteran Owned:

Minority Owned: