

INDUSTRY BUSINESS ROUNDTABLE



BREAKFAST SPONSOR



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INDUSTRY BUSINESS ROUNDTABLE



Agenda

Welcome

- Breakfast Sponsor
- Anti-Trust Guideline Review
- IBR Mission and Vision
- Emergency Exits
- Pledge of Allegiance

Nominee Initial Submittal Workshop

- ✓ The Process
- ✓ Timeline
- ✓ SEA Forms
- ✓ How to Submit
- ✓ Safety Information Sheet
- ✓ Initial Audit Form
- ✓ Summary
- Q & A

INDUSTRY BUSINESS ROUNDTABLE



Anti-Trust Guidelines for Conducting Meetings

Industry Business Roundtable (IBR) appreciates your willingness to be an important part of this organization and the services provided to our industry.

The following guidelines shall be followed in conducting meetings of IBR. This is not an exhaustive list of every possible subject to be avoided; in the event you have doubts about the propriety of any matter to be discussed in a meeting, our legal counsel is available for consultation. Generally, the anti-trust laws exclude unlawful combinations or agreements. Sometimes “agreements” may be inferred from conduct. IBR wants to avoid even the appearance of impropriety, and this is the spirit of these guidelines.

- ❖ Do not discuss the prices of goods or services of any particular company(s)
- ❖ Do not disparage the goods or services of any particular company(s)
- ❖ Do not recommend the selection of any particular company as a supplier or customer
- ❖ Do not urge or counsel participating companies to engage in any concerted activity to accomplish any unlawful purpose, i.e., boycotting any company or coercing a company to take some desired action.
- ❖ Do not discuss matters which may be trade secrets or confidential to any company, i.e., don't engage in “off the record” comments or state matters “not to be repeated outside of this room”.
- ❖ Do not propose secret or “rump” sessions after the official meeting is adjourned to discuss matters that cannot lawfully be discussed at the official meeting.
- ❖ Do not recommend or sponsor the gathering of statistical data, the publishing of standards, or doing joint research without advance written approval of the Operating Committee of IBR.
- ❖ Industry Business Roundtable's purpose is to educate participating companies, so that every company represented will be better informed and can make its own decisions. IBR members are not required to adopt the IBR recommendations or policies.

Thank you in advance for adhering to these guidelines.

INDUSTRY BUSINESS ROUNDTABLE



IBR Mission

Share innovation and best practices that positively transform the industry and communities where we work.

IBR Vision

Be the association that collectively adds value to the industry, offering resources for continuous improvement.

Innovation Through Collaboration

NOMINEE INITIAL SUBMITTAL



Willie Wells

President & CEO



THE PROCESS



- 1. Nominations**
 - Deadline Extended to January 12
- 2. Initial Submittal**
 - Deadline January 26, 5:00 PM
- 3. Finalist Selection**
 - February 1
- 4. Finalists Announced – HASC Tailgate Extravaganza**
 - February 9
- 5. Field Audits Begin**
 - February 26 – April 10
- 6. SEA Banquet**
 - May 17, Moody Gardens
- 7. Best Practice Seminar**
 - June 20

THE TIMELINE



- OCTOBER 19, 2023**
Safety Excellence Awards Nominations begin
- DECEMBER 14, 2023**
Establish Audit Team Leaders
- JANUARY 4, 2024**
Initial Submittal Workshop 8:00 AM
All you need to know to become a finalist!
- JANUARY 12, 2024**
Nomination Deadline due at 5:00 PM
- JANUARY 18, 2024**
Safety Awards Orientation Workshop 8:00 AM
Solicit Audit Team Members
- JANUARY 26, 2024**
Initial Submittal Deadline
Initial submittals are due by 5:00 PM
(Application, binder, thumb drive, etc.)
- FEBRUARY 1, 2024**
Finalist Selection 8:00 AM
Audit Team Leader Training | Mentor Training
- FEBRUARY 9, 2024**
HASC Tailgate - Finalists announced!
- FEBRUARY 15, 2024**
Field Audit Preparation Training 8:00 AM
Student Auditor Orientation 1:00 PM
Audit Team Pictures | Video Interviews
- FEBRUARY 26 - APRIL 10, 2024**
Field Audits
- APRIL 4, 2024**
IBR Spring Golf Tournament 7:30 AM

THE TIMELINE



APRIL 8 - 12, 2024
Audit Team Leaders Headshot Photos
Multiple locations, TBD

APRIL 18, 2024
Top Best Practice Selection

JUNE 20, 2024
Best Practices Seminar

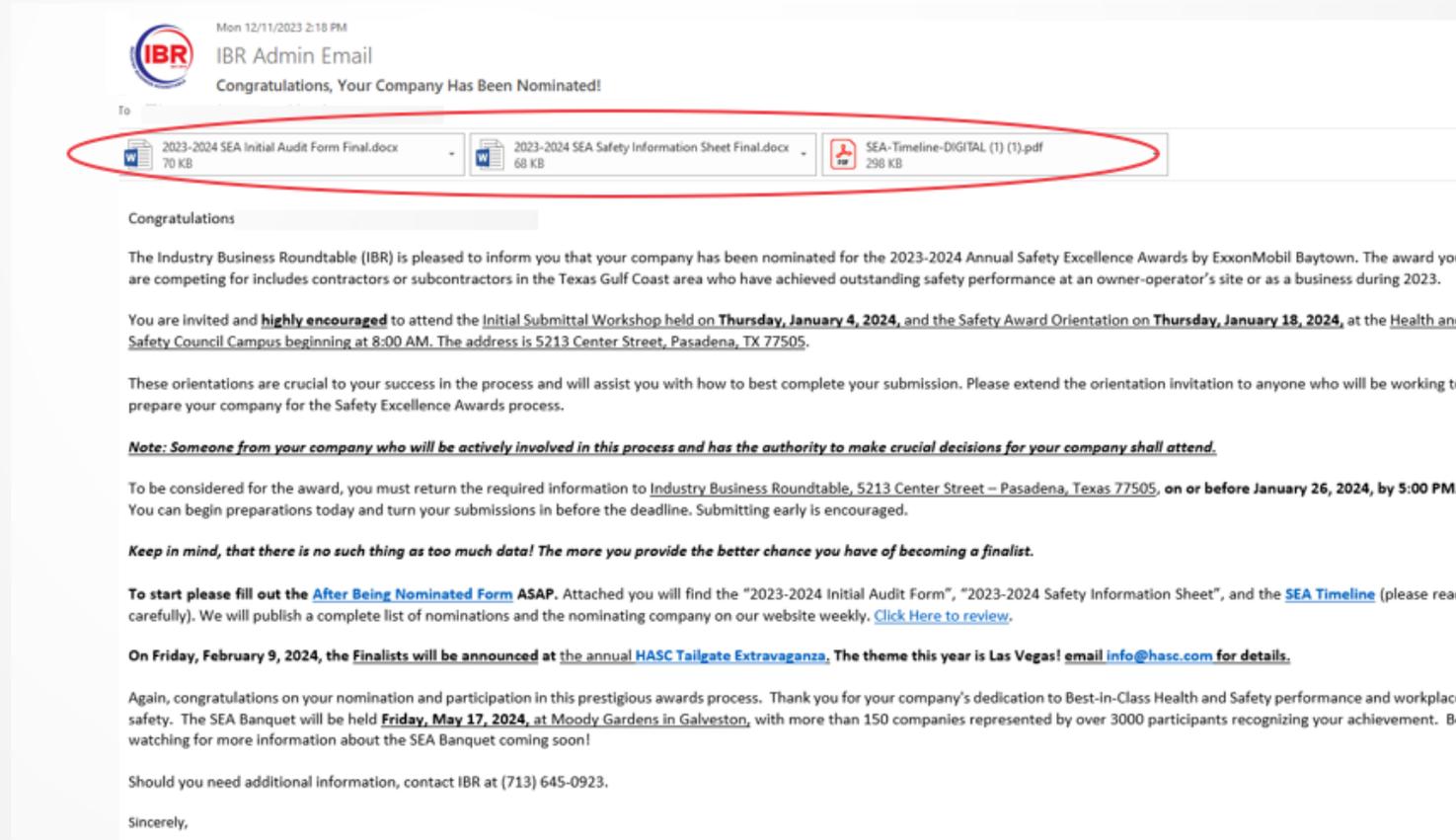
APRIL 12, 2024
Team Leads submit results by 5:00 PM

MAY 17, 2024
Safety Excellence Awards Banquet
Moody Gardens, Galveston, Texas

Congratulations Nominees!



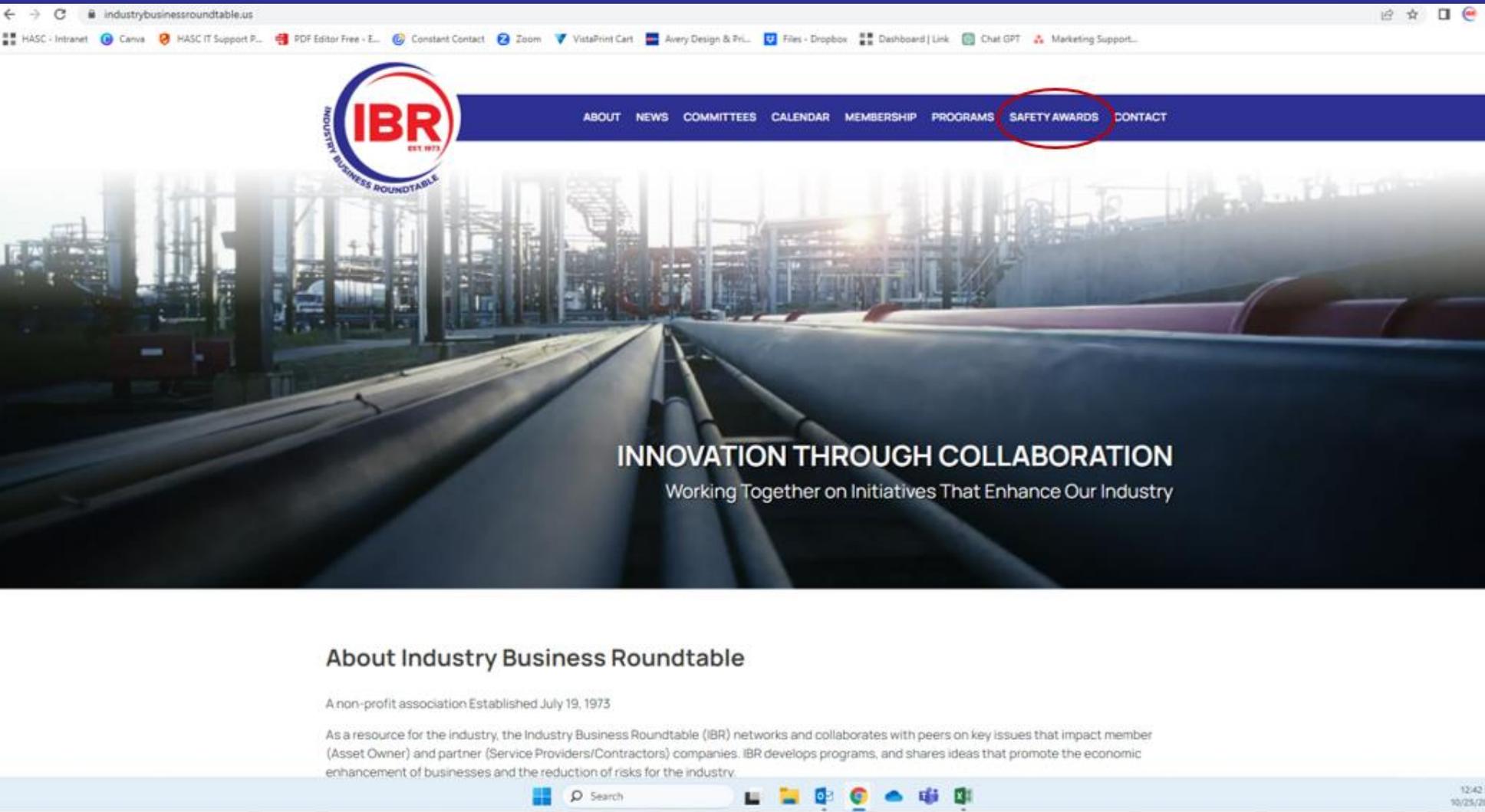
Everyone who has been nominated should have received the following attachments in your notification email.



CONGRATULATIONS!



*IF YOU DO NOT HAVE THE FORMS, THEY ARE UPLOADED TO [INDUSTRYBUSINESSROUNDTABLE.US](https://industrybusinessroundtable.us)
SAFETY AWARDS TAB*

A screenshot of a web browser displaying the homepage of the Industry Business Roundtable (IBR). The browser's address bar shows "industrybusinessroundtable.us". The website has a blue header with the IBR logo on the left and a navigation menu on the right. The "SAFETY AWARDS" link in the navigation menu is circled in red. Below the header is a large banner image of an industrial facility with pipes and structures. The text "INNOVATION THROUGH COLLABORATION" is centered on the banner, with the tagline "Working Together on Initiatives That Enhance Our Industry" below it. The main content area below the banner has a white background with the heading "About Industry Business Roundtable" and a paragraph of text. The browser's taskbar is visible at the bottom, showing the Windows logo, a search bar, and several application icons. The system clock in the bottom right corner shows "12:42 PM 10/25/2023".

industrybusinessroundtable.us

HASC - Intranet Canva HASC IT Support P... PDF Editor Free - E... Constant Contact Zoom VistaPrint Cart Avery Design & Pri... Files - Dropbox Dashboard | Link Chat GPT Marketing Support...

IBR EST. 1973

ABOUT NEWS COMMITTEES CALENDAR MEMBERSHIP PROGRAMS **SAFETY AWARDS** CONTACT

INNOVATION THROUGH COLLABORATION
Working Together on Initiatives That Enhance Our Industry

About Industry Business Roundtable

A non-profit association Established July 19, 1973

As a resource for the industry, the Industry Business Roundtable (IBR) networks and collaborates with peers on key issues that impact member (Asset Owner) and partner (Service Providers/Contractors) companies. IBR develops programs, and shares ideas that promote the economic enhancement of businesses and the reduction of risks for the industry.

12:42 PM 10/25/2023

HOW TO SUBMIT



To be considered for the award, you must submit:

- **2023-2024 Safety Information Sheet** (Printed) for each nomination you accept
- **2023-2024 Initial Audit Form** (Printed) Only one needs to be submitted
- Supporting documentation as listed on the 2nd page of the **2023-2024 Initial Audit Form** (Hard Copy or USB Flash drive)
- The information must be completed and **hand-delivered to IBR**

ON and No later than...

5:00 PM Friday, January 26, 2024

USB DRIVES



To be considered for the award, you must submit:

- Only save documents in common formats



- Turn off password protection
 - ✓ ***Check and double-check your USB drive to be certain it works correctly before you deliver it to IBR.***
 - ✓ ***Or put information in a binder and turn it in***

SAFETY INFORMATION SHEET



SEA Safety Information Sheet (SIS)



❖ If your company has received several site nominations, copy this form and complete one form for each site.

Section 1	
Nominated by:	Click or tap here to enter text.
Type of work performed at the site:	Click or tap here to enter text.

Section 2	
Enter the name of your company exactly as you would like it published in SEA publications.	
Click or tap here to enter text.	
Who will be the primary contact for scheduling audits?	Click or tap here to enter text.
What is the primary contact's title?	Click or tap here to enter text.
Address:	City/State/Zip: Click or tap here to enter text.
Phone:	E-mail: Click or tap here to enter text.

Please place a check by the type of business, type of work, or what service your company performs.
(Only check one (1) category that your company is to be considered for)

Section 3	
<input type="checkbox"/> General Contractor <i>Construction & Maintenance</i>	<input type="checkbox"/> Specialty Contractors – Soft Crafts <i>Insulation, Painting, Scaffolding</i>
<input type="checkbox"/> Specialty Contractors – Hard Crafts <i>Mechanical, I&E, HVAC</i>	<input type="checkbox"/> Specialty Contractors – Environmental <i>Hydro blasting, Chemical Cleaning, Vacuum Trucks/ Chemical Transportation</i>
<input type="checkbox"/> Specialty Contractors – Technical Support <i>Engineering, Safety, Inspection</i>	<input type="checkbox"/> Crane, Rigging & Lifting Support

Note: *Large, Medium, and Small* categories will be determined by the total company work hours.

Company Description: (What your company does)

Section 4		
Use 2023 OSHA 300 logs to provide the following injury/illness data:		
	Project/Worksite Data	Total Company Data
a. Total number of OSHA recordable cases	Click or tap here to enter text.	Click or tap here to enter text.
b. Total number of lost work-day cases which involved days away from work	Click or tap here to enter text.	Click or tap here to enter text.
c. Total number of fatalities	Click or tap here to enter text.	Click or tap here to enter text.
d. Total hours worked	Click or tap here to enter text.	Click or tap here to enter text.

❖ Please return the completed "SEA Safety Information Sheet" with the completed SEA "Initial Audit Form".

Complete this sheet for each site that nominated your company

- Nominated by/Type of Work Performed
- Company Information
- Category
- Company Description
- 2023 OSHA 300 Information

1ST SECTION – NOMINATED BY



❖ If your company has received several site nominations, copy this form and complete one form for each site.

Section 1
Nominated by: <input type="text"/>
Type of work performed at the site: <input type="text"/>

- Fill out one form for each site that has nominated your company
- List the type of **work** performed at the nominating site. This information will be used to determine the category.

2ND SECTION – CONTACT INFORMATION



Section 2	
Enter the name of your company exactly as you would like it published in SEA publications.	
Click or tap here to enter text.	
Who will be the primary contact for scheduling audits?	Click or tap here to enter text.
What is the primary contact's title?	Click or tap here to enter text.
Address: Click or tap here to enter text.	City/State/Zip: Click or tap here to enter text.
Phone: Click or tap here to enter text.	E-mail: Click or tap here to enter text.

- Include the name of the company as you would like to be on all awards and publications.
- The person identified as a contact should be someone familiar with your company's programs and the information submitted and should be available to answer questions.
- This person will also be the contact for your company and all information concerning the safety award process will be sent to this contact.

3RD SECTION - CATEGORY



Please place a check by the type of business, type of work, or what service your company performs.
(Only check one (1) category that your company is to be considered for)

Section 3	
<input type="checkbox"/> General Contractor <i>Construction & Maintenance</i>	<input type="checkbox"/> Specialty Contractors – Soft Crafts <i>Insulation, Painting, Scaffolding</i>
<input type="checkbox"/> Specialty Contractors – Hard Crafts <i>Mechanical, I&E, HVAC</i>	<input type="checkbox"/> Specialty Contractors – Environmental <i>Hydro blasting, Chemical Cleaning, Vacuum Trucks/ Chemical Transportation</i>
<input type="checkbox"/> Specialty Contractors – Technical Support <i>Engineering, Safety, Inspection</i>	<input type="checkbox"/> Crane, Rigging & Lifting Support
<i>Note: <u>Large</u>, <u>Medium</u>, and <u>Small</u> categories will be determined by the total company work hours.</i>	

- Check the category that fits the type of work that your company does.
- Large, Medium, and Small will be determined by the total number of company work hours.

3RD SECTION – COMPANY DESCRIPTION



Company Description: (What your company does)

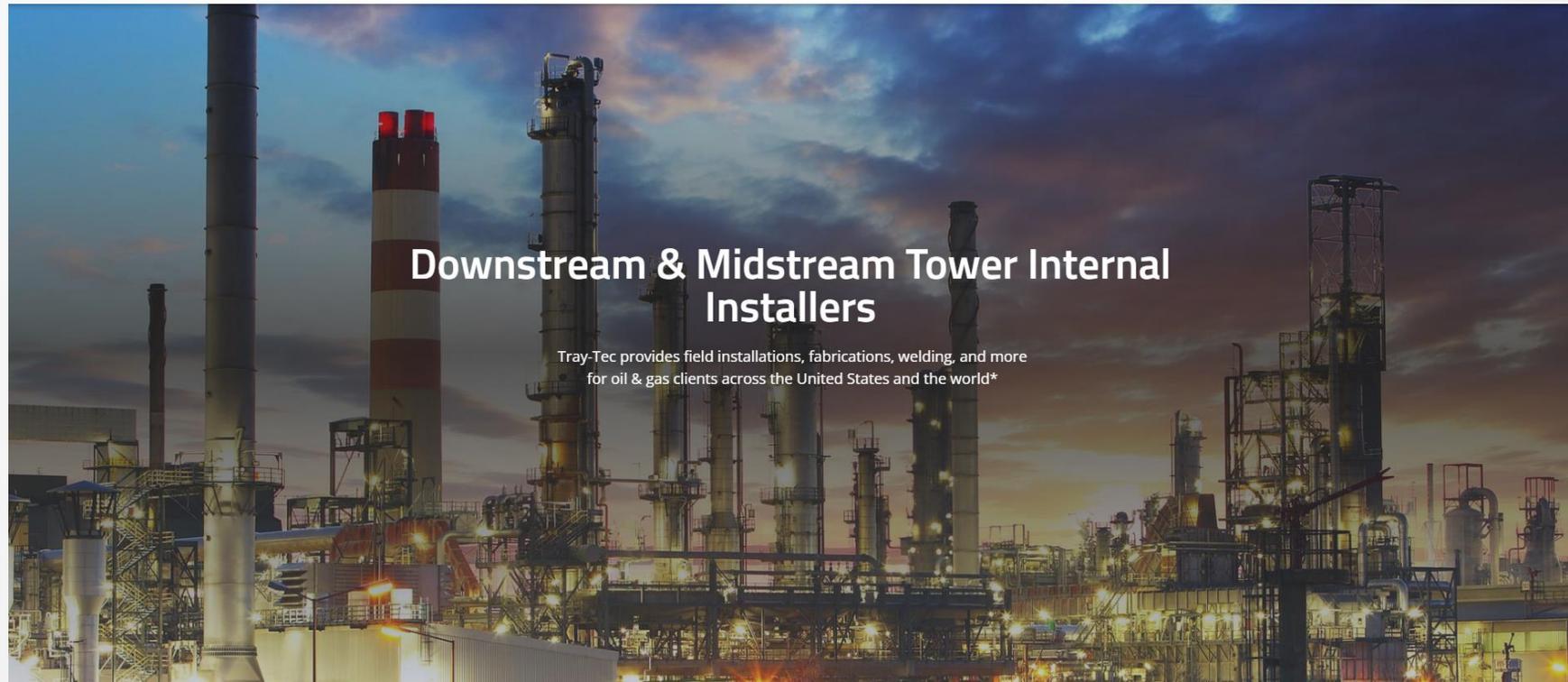
- This needs to be a good description of the work and services your company performs.
- It should answer the question “Who you are and what do you do?”
- This description will be used in the magazine to describe your company.
- Keep the description brief and to the point.
- **Suggestions:**
 - ✓ Look to your company’s Mission, Vision, and Values for guidance.
 - ✓ Ask your marketing team to help develop a good description of your company.

3RD SECTION – COMPANY DESCRIPTION



Example

Company Description: (What your company does)



4TH SECTION – COMPANY STATISTICAL DATA



Use 2023 OSHA 300 logs to provide the following injury/illness data:

	Project/Worksite Data	Total Company Data
a. Total number of OSHA recordable cases	Click or tap here to enter text.	Click or tap here to enter text.
b. Total number of lost work-day cases which involved days away from work	Click or tap here to enter text.	Click or tap here to enter text.
c. Total number of fatalities	Click or tap here to enter text.	Click or tap here to enter text.
d. Total hours worked	Click or tap here to enter text.	Click or tap here to enter text.

❖ Please return the completed "SEA Safety Information Sheet" with the completed SEA "Initial Audit Form".

Complete Project/Worksite Data and Total Company Data using 2023 OSHA 300 logs

- **Nominated Worksite**
- **Total Company (All work in the US)**

The data on this sheet should match the numbers on the 2023-2024 Initial Audit Form.

INITIAL AUDIT FORM



Initial Audit Form (IAF)

IAF

The person responsible for the company safety programs should complete this form. The information provided will be used to determine what companies make it to the Safety Excellence Awards Finalist round of the process.

Section 1 GENERAL INFORMATION				
1. Company Name: <small>Click or tap here to enter text.</small>		Phone: <small>Click or tap here to enter text.</small>		
Company Address: <small>Click or tap here to enter text.</small>				
Primary Contact Name: <small>Click or tap here to enter text.</small>		Title: <small>Click or tap here to enter text.</small>		
Phone: <small>Click or tap here to enter text.</small>		Email: <small>Click or tap here to enter text.</small>		
Secondary Contact Name: <small>Click or tap here to enter text.</small>		Title: <small>Click or tap here to enter text.</small>		
Phone: <small>Click or tap here to enter text.</small>		Email: <small>Click or tap here to enter text.</small>		
2. Parent Company (Optional) <small>Click or tap here to enter text.</small>				
Section 2 SAFETY, HEALTH & ENVIRONMENTAL PERFORMANCE				
3. Workers Compensation Experience Modification Rate (EMR) Data				
a. EMR is: <input type="checkbox"/> Interstate Rate <input type="checkbox"/> Monopolistic State Rate <input type="checkbox"/> Dual Rate <input type="checkbox"/> Not Required				
b. EMR for the last three years:				
2021 EMR <small>Click or tap here to enter text.</small>				
2022 EMR <small>Click or tap here to enter text.</small>				
2023 EMR <small>Click or tap here to enter text.</small>				
c. State of Origin: <small>Click or tap here to enter text.</small>		d. EMR Anniversary Date: <small>Click or tap here to enter text.</small>		
e. Standard Industrial Code (SIC): <small>code</small> <i>North American Industry Classification Systems (NAICS)</i>				
4. Injury and Illness Data				
a. Total company employee hours worked for the last three years (exclude subcontractors)	Year	2021	2022	2023
	Field Hours	<small>Click or tap here to enter text.</small>	<small>Click or tap here to enter text.</small>	<small>Click or tap here to enter text.</small>
	Total Hours	<small>Click or tap here to enter text.</small>	<small>Click or tap here to enter text.</small>	<small>Click or tap here to enter text.</small>
Provide the data (excluding subcontractors) using your OSHA 300 Forms from the past three years.				
<ul style="list-style-type: none"> Data should be total company data unless specifically requested otherwise. Combine injuries and illnesses as reported on 300 Form. If your company is not required to maintain "OSHA 300" Forms, please provide information from your "Workers Compensation" insurance carrier itemizing all claims for the last three years. 				



Initial Audit Form (IAF)

IAF

Recordkeeping Data	2021		2022		2023	
	No.	Rate	No.	Rate	No.	Rate
Fatalities Rate = Number of fatalities x 200,000 ÷ total employee hours	###	###	###	###	###	###
Day away from work, Restricted duty, or Transfer (DART) Rate = Total DART x 200,000 ÷ total employee hours	###	###	###	###	###	###
Lost workday case - injuries and illnesses involving days away from work. Rate = Total LWD x 200,000 ÷ total employee hours	###	###	###	###	###	###
Injuries and Illnesses involving medical treatment only. Rate = Total Injuries and illnesses involving medical treatment only x 200,000 ÷ total employee hours	###	###	###	###	###	###
Total OSHA Recordable Injury and Illness Rate Rate = Total Injuries and Illnesses x 200,000 ÷ total employee hours	###	###	###	###	###	###
Has your company received any regulatory (EPA, OSHA, etc.), civil or criminal citations in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain <small>Click or tap here to enter text.</small>						
Section 3 INFORMATION SUBMITTAL						
<ul style="list-style-type: none"> Please provide copies of the checked items below along with this Initial Audit Form and the Safety Information Sheet. If any program is missing, you will score a "0" for that section. 						
						Notes
<input checked="" type="checkbox"/>	1. Fatalities (this form)					
<input checked="" type="checkbox"/>	2. OSHA Incidence of Lost Workday Rate (this form)					
<input checked="" type="checkbox"/>	3. Total OSHA Recordable Injury and Illness (this form)					
<input checked="" type="checkbox"/>	4. Regulatory Agency Citations for the year 2023 (Use additional page(s) if necessary)					
<input checked="" type="checkbox"/>	5. Year-to-Year Improvement – Last three years					
<input checked="" type="checkbox"/>	6. Safety Goals					
<input checked="" type="checkbox"/>	7. Accident/ Incident Investigation Process					
<input checked="" type="checkbox"/>	8. Incident Lessons Learned					
<input checked="" type="checkbox"/>	9. Internal Audit / Assessment Program					
<input checked="" type="checkbox"/>	10. Contractor Orientation and HSE Training Program					
<input checked="" type="checkbox"/>	11. Environmental Program					
<input checked="" type="checkbox"/>	12. Industrial Hygiene Program					
<input checked="" type="checkbox"/>	13. Short Service Employee Program					
<input checked="" type="checkbox"/>	14. Behavioral Based Safety Program					
<input checked="" type="checkbox"/>	15. Contractor Written Employee Workforce Development Program					
<input checked="" type="checkbox"/>	16. Supervisor Training					
<input checked="" type="checkbox"/>	17. Brief description of your company's top 3 "Best Practices"					

Below, type the name and title of the company officer responsible for assuring the accuracy of this document.

Name: Click or tap here to enter text. Title: Click or tap here to enter text. Date: Click or tap to enter a date.

This form is only completed once!

- ✓ The person responsible for the company safety programs should complete this form.
- ✓ The information provided will be used to determine what companies make it to the SEA Finalist round of audits

1ST SECTION – GENERAL INFORMATION



The person responsible for the company safety programs should complete this form. The information provided will be used to determine what companies make it to the Safety Excellence Awards Finalist round of the process.

Section 1		GENERAL INFORMATION	
1. Company Name: Click or tap here to enter text.	Phone: Click or tap here to enter text.		
Company Address: Click or tap here to enter text.			
Primary Contact Name: Click or tap here to enter text.	Title: Click or tap here to enter text.		
Phone: Click or tap here to enter text.		Email: Click or tap here to enter text.	
Secondary Contact Name: Click or tap here to enter text.	Title: Click or tap here to enter text.		
Phone: Click or tap here to enter text.		Email: Click or tap here to enter text.	
2. Parent Company (Optional) Click or tap here to enter text.			

- Double-check all information and ensure that it's all correct.
- The person listed as Primary Contact should be someone knowledgeable about your company's programs. The **Primary Contact** will be your company representative for making audit arrangements.
- Be sure to provide a **Secondary Contact** in case the Primary Contact is not available.

2ND SECTION – SH&E PERFORMANCE



Section 2 SAFETY, HEALTH & ENVIRONMENTAL PERFORMANCE				
3. Workers Compensation Experience Modification Rate (EMR) Data				
a. EMR is: <input type="checkbox"/> Interstate Rate <input type="checkbox"/> Monopolistic State Rate <input type="checkbox"/> Dual Rate <input type="checkbox"/> Not Required				
b. EMR for the last three years:				
2021 EMR Click or tap here to enter text.				
2022 EMR Click or tap here to enter text.				
2023 EMR Click or tap here to enter text.				
c. State of Origin: Click or tap here to enter text.			d. EMR Anniversary Date: Click or tap here to enter text.	
e. Standard Industrial Code (SIC): code <i>North American Industry Classification Systems (NAICS)</i>				
4. Injury and Illness Data				
a. Total company employee hours worked for the last three years (exclude subcontractors)	Year	2021	2022	2023
	Field Hours	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	Total Hours	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Provide the data (excluding subcontractors) using your OSHA 300 Forms from the past three years.				
<ul style="list-style-type: none"> ❖ Data should be total company data unless specifically requested otherwise. ❖ Combine injuries and illnesses as reported on 300 Form. ❖ If your company is not required to maintain "OSHA 300" Forms, please provide information from your "Workers Compensation" insurance carrier itemizing all claims for the last three years. 				

2nd SECTION – SH&E PERFORMANCE



(3) If your company is not required to maintain "OSHA 300" Forms, please provide information from your "Workers Compensation" insurance carrier itemizing all claims for the last three years.	2021		2022		2023	
	No.	Rate	No.	Rate	No.	Rate
Fatalities Rate = Number of fatalities x 200,000 ÷ Total Employee Hours	###	###	###	###	###	###
Lost workday case injuries and illnesses involving days away from work, or days of restricted work activity, or both. Rate = Total LW and restricted cases x 200,000 ÷ Total Employee hours	###	###	###	###	###	###
Lost workday case injuries and illnesses involving days away from work Rate = Total LW x 200,000 ÷ Total Employee hours	###	###	###	###	###	###
Injuries and Illnesses involving medical treatment only. Rate = Total Injuries and illnesses involving medical treatment only x 200,000 ÷ Total Employee Hours	###	###	###	###	###	###
Total OSHA Recordable Injury and Illness Rate Rate = Total Injuries and Illnesses x 200,000 ÷ Total Employee Hours	###	###	###	###	###	###

Has your company received any regulatory (EPA, OSHA, etc.), civil or criminal citations in the last three years?

Yes No If yes, please explain [Click or tap here to enter text.](#)

3RD SECTION – INFORMATIONAL SUBMITTAL



Section 3		INFORMATION SUBMITTAL	
<p>❖ Please provide copies of the checked items below along with this Initial Audit Form and the Safety Information Sheet.</p> <p>❖ If any program is missing, you will score a "0" for that section.</p>			
			Notes
	1. Fatalities (this form)		
	2. OSHA Incidence of Lost Workday Rate (this form)		
	3. Total OSHA Recordable Injury and Illness (this form)		
	4. Regulatory Agency Citations for the year 2023 (Use additional page(s) if necessary)		
✓	5. Year-to-Year Improvement – Last three years		
✓	6. Safety Goals		
✓	7. Accident/ Incident Investigation Process		
✓	8. Incident Lessons Learned		
✓	9. Internal Audit / Assessment Program		
✓	10. Contractor Orientation and HSE Training Program		
✓	11. Environmental Program		
✓	12. Industrial Hygiene Program		
✓	13. Short Service Employee Program		
✓	14. Behavioral Based Safety Program		
✓	15. Contractor Written Employee Workforce Development Program		
✓	16. Supervisor Training		
✓	17. Brief description of your company's top 3 "Best Practices"		
<p>Below, type the name and title of the company officer responsible for assuring the accuracy of this document.</p> <p>Name: Click or tap here to enter text. Title: Click or tap here to enter text. Date: Click or tap to enter a date.</p>			

KEEP IN MIND



- The information submitted is the **ONLY** information the Team Leaders and Mentors have to evaluate your company. Your submission represents your company.
- Please be sure that no information is missing!
- If a program is not there, it will be counted as Zero.
- Please submit more than one Best Practice (Innovative Programs/Systems). We recommend three(3) at minimum.
- This is your **ONLY** chance to make it to the next level...**Finalists** (Playoffs)
- If you want your submission back after the evaluation is complete, please let IBR know when you drop it off.

KEEP IN MIND



- Fill out and provide/print the **Safety Information Sheet(s)** for each project site that nominated you.
- Complete and provide/print one copy of the 2-page **Initial Audit Form.**
- Make sure all the content is organized and well-identified. (*Corresponding numbers in the file title*)
- Don't forget to include **Best Practices**. We recommend three as a minimum.
- Submit copies of the checked items via Hard Copies or Electronic Copies (USB Flash drive)
- If you submit a USB drive, verify that the documents are saved in common formats like Word, PDF, PowerPoint, or Excel.
- Test the USB Drive on more than one computer.
- IBR will **only** accept hand-delivered submissions. **Not mail, email, or fax.**

KEEP IN MIND



Personally deliver your submission to:

Industry Business Roundtable

5213 Center Street

Pasadena, TX 77505

No later than 5:00 pm. Friday, January 26, 2024

- ❖ *Nominees who are not currently Partners/Subscribers of IBR shall pay an audit application fee of \$500.00 or join to become an IBR Partner/Subscriber by paying the Partner/Subscriber membership fee.*
- ❖ *Fees shall be paid at the time of the finalist submission deadline of 5:00 PM, Friday, January 26, 2024, to be eligible.*
- ❖ *If you are a current member of IBR, the application fee is waived*



QUESTIONS?



Phone

(713) 645-0923



Email

Admin@ibrt.us



IBR Office

5213 Center St,
Pasadena, TX 77505