



Preferred Supplier Service Provider Data Sheet (SPDS)

SECTION 1. COMPANY INFORMATION

COMPANY NAME:	The Garner Group
MAILING ADDRESS:	2000 Auburn Drive, Suite 200
CITY, STATE, ZIP:	Beachwood, OH 44122
WEB SITE:	www.thegarnergrp.com
YEARS ESTABLISHED:	13 (since 2004)

SECTION 2. GENERAL QUESTIONS

LIST OF PRODUCTS & SERVICES:	Executive Search
NAME OF INDIVIDUAL FILLING OUT FORM:	Ginni Garner
LIST OF INDUSTRIES YOUR COMPANY NORMALLY PROVIDES SERVICES FOR:	Dietary Supplements, Nutraceutical, Ingredients, (better-for-you) Food & Beverage
LIST ANY OTHER RELEVANT INFORMATION WE SHOULD TAKE INTO CONSIDERATION:	Have participated in NBJ Summit for the past five years.

SECTION 3. EVIDENCE OF COMPLIANCE

LIST ANY CERTIFICATIONS YOU MIGHT HAVE (IF APPLICABLE):	NA	
ARE YOU INSPECTED BY ANY STATE, FEDERAL OR FOREIGN AGENCIES (YES OR NO):	No	
SPECIFY MOST RECENT INSPECTIONS BY STATE, FEDERAL OR FOREIGN AGENCIES:	NA	
DATE AND RESULTS OF INSPECTION:	NA	
DATE	INSPECTION AGENCY	RESULTS OF INSPECTION
HOW OFTEN ARE YOUR AUDITED / INSPECTED:	NA	
ATTACH CERTIFICATION DOCUMENTS:	NA	



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SECTION 4 SUPPORTING DOCUMENTATION

ATTACH ANY APPLICABLE DOCUMENTATION

<u>EXAMPLES:</u>	<u>ATTACHED: YES / NO / N-A</u>
• AUDIT CERTIFICATIONS:	NA
• FACILITY INSPECTION DOCUMENTS:	NA
• OTHER:	NA



SECTION 6. ADDITIONAL INFORMATION

ADDITIONAL COMMENTS / INFORMATION:

SECTION 7. CONTACT INFORMATION

CONTACT NAME:	Ginni Garner
TITLE:	Managing Director
OFFICE PHONE:	440-893-9408
OTHER PHONE:	216-337-9497
E-MAIL:	ggarner@thegarnergrp.com

BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION GIVEN BY ME TO THE NATIONAL ANIMAL SUPPLEMENT COUNCIL (NASC), INC. IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF THE INFORMATION PROVIDED IS NOT THOROUGH AND COMPLETE, NASC WILL REJECT THE FORM AND RESUBMISSION OF THE FORM WILL BE REQUIRED.

	
SIGNATURE	DATE