



## NOMINATION FORM

## Nominate an Individual:

## OR

## Nominate a Business:

Name	Name
Business:	Location:
Position:	
Tell us briefly how your nomination	provided exceptional customer service
Name of Nominator:	Date:

Return this form to the Chamber of Commerce office, the business you picked it up from, or email it in!

Forms are available online at www.vermilionalbertachamber.com 5038 - 49 Ave. Vermilion, AB T9X 1B7 contests@vermilionalbertachamber.com