



WAYNE COUNTY AREA CHAMBER OF COMMERCE Annual Awards Nomination Form

Date _____

Name of Nominee (Individual, Firm or Organization) _____

Nominee Contact Person (if Firm or Organization) _____

CATEGORY OF NOMINATION:

- BOB ROSA BUY LOCAL AWARD
- ART VIVIAN DISTINGUISHED COMMUNITY LEADER
- EDUCATOR OF THE YEAR
- PARTNERSHIP IN EDUCATION
- CORPORATION OF THE YEAR
- ACHIEVEMENT OF EXCELLENCE, LARGE BUSINESS
- ACHIEVEMENT OF EXCELLENCE, SMALL BUSINESS
- ACHIEVEMENT OF EXCELLENCE, NON PROFIT
- EMERGENCY SERVICES PROFESSIONAL OF THE YEAR
- OUTSTANDING SERVICE TO AGRICULTURE

Please give a brief description of the eligibility and accomplishments of the nominee for the award specified above. Attach additional pages as needed.

Person nominating _____ Phone _____
(if other than nominee above)

Signature _____ Date _____

Please return your nominations by November 16th. Thank you.

Please send your information to:

WAYNE COUNTY AREA CHAMBER OF COMMERCE
33 South 7th Street, Suite 2, Richmond, IN 47374
Roxie@wcareachamber.org