

STAFF PROFESSIONAL OF THE YEAR

**Nomination Form**

Nominee Name \_\_\_\_\_

Nominee Title \_\_\_\_\_

Company \_\_\_\_\_

Your Name \_\_\_\_\_

Your Title \_\_\_\_\_

Years Nominee has been with Company \_\_\_\_\_

Nominee's Duties \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly tell us why you nominated this person

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Thank you for your nomination!*

If your nominee is chosen, the registration fee will be refunded.

**DEADLINE FOR NOMINATION IS 4.20.18**