Lloydminster CHAMBER OF COMMERCE

Service With A Smile

Service With A Smile

Nomination Form

Nominate an individual:

Name: _____

Business: _____

Position: _____

OR

Nominate a business:

Business Name: _____

_____

Location: _____

Please tell us how this person or business provided you with a premium customer service experience:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Date:_____ Your Name:_____ Signature: _____

Return this form to the Chamber of Commerce office or email it in! Forms are available online at www.lloydminsterchamber.com.

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