

SERVICE

with a smile!

NOMINATION FORM

***Nominate an
Individual:***

OR

***Nominate a
Business:***

Name: _____
Business: _____
Position: _____

Name: _____
Location: _____

Tell us briefly how your nomination provided exceptional customer service:

Name (print): _____ Signature: _____
Date: _____

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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Phone: (780) 875 - 9013

Email: membership@lloydminsterchamber.com **or**
info@lloydminsterchamber.com