



Nomination Form 2019

NOMINEE

NOMINATOR

BUSINESS NAME:

NAME:

ADDRESS:

COMPANY:

PHONE NUMBER:

COMMENTS:

EMAIL:

CATEGORY NOMINATING FOR
(CHOOSE ALL THAT APPLY)

MEMBERS CHOICE

- SUPPLIER NON / STRUCTURAL
- SERVICE OFFSITE/ONSITE
- TRADE LARGE/SMALL

SINGLE FAMILY HOME

MULTI-FAMILY HOME

BEST KITCHEN

BEST ENSUITE

BEST RENOVATION

AGREEMENT:

I _____ UNDERSTAND THAT THE BUSINESS I HAVE
NOMINATED WILL BE CONTACTED BY THE CHBA-MEDICINE HAT TO
NOTIFY THEM OF THE NOMINATION IN THE SELECTED CATEGORY(S). I
UNDERSTAND THAT THE NOMINATED BUSINESS WILL BE REQUIRED TO
FILL OUT SUBMISSION FORM ONLINE TO LET THE NOMINATION STAND. I
UNDERSTAND THAT EACH AWARD WINNER IS SELECTED BY IMPARTIAL
CHBA MEMBERS JUDGES FROM OUTSIDE OF THE MEDICINE HAT AREA.
WINNERS WILL BE ANNOUNCED AT THE
AWARDS OF EXCELLENCE MARCH 13, 2020.

[CLICK HERE TO ENTER ONLINE](#)

SUBMISSION DEADLINE NOVEMBER 30, 2019