

NOMINATION FORM

(PLEASE TYPE OR PRINT)

EMPLOYEE'S FIRST NAME

LAST

COMPANY NAME

ADDRESS

PHONE

CITY

STATE

ZIP

EMAIL ADDRESS

WEBSITE

STAFF PERSON PREPARING REPORT

STAFF PERSON'S PHONE

EMAIL

NOMINEE'S SUPERVISOR'S NAME

SUPERVISOR'S PHONE

EMAIL

IF NOMINATED EMPLOYEE IS SEASONAL LIST TERMINATION DATE

DATE NOMINATION SUBMITTED

ATTACH A COPY OF CUSTOMER COMMENTS.

Use space below for additional comments or information. Attach additional sheets as needed.

SEND TO: Hospitality Program, South Dakota Department of Tourism
711 E. Wells Ave., Pierre, SD 57501

CERTIFICATE WILL BE SENT TO EMPLOYEE'S SUPERVISOR UNLESS OTHERWISE REQUESTED.

