



# *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](http://www.lloydminsterchamber.com).

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