

**HARLAN COUNTY CHAMBER OF COMMERCE
2009 AWARDS NOMINATION FORM**

NOMINEE:

NAME _____ **ADDRESS** _____

CITY/STATE/ZIP _____ **PHONE** _____

CATEGORY (choose 1):

_____ **Harlan Countian of the Year**

_____ **Lifetime Achievement Award**

_____ **Educator of the Year**

_____ **Public Service Provider of the Year**

_____ **Healthcare Professional of the Year**

_____ **Business of the Year (must be a Chamber member and
nominated by a chamber member)**

**PLEASE ATTACH A SUMMARY TO THIS FORM DETAILING WHY THIS
PERSON OR BUSINESS SHOULD RECEIVE THE AWARD:**

(BIOGRAPHICAL SKETCH, CAREER HIGHLIGHTS, BUSINESS HIGHLIGHTS, ETC. PLEASE
ATTACH AS MANY PAGES NECESSARY)

NOMINATED BY:

NAME _____ **ADDRESS** _____

CITY/STATE/ZIP _____ **PHONE** _____

**RETURN THIS FORM TO: HARLAN COUNTY CHAMBER OF COMMERCE
AWARDS BANQUET COMMITTEE
P.O. BOX 268
HARLAN, KY. 40831**

DEADLINE FOR NOMINATIONS TO BE SUBMITTED IS FRIDAY NOVEMBER 6TH!!!