

KOSBE AWARDS: 25th ANNIVERSARY

IMPACT NOMINATION FORM



EMAIL COMPLETED FORM TO AWARDS@KOSBE.ORG

PLEASE FILL OUT ALL OF THE REQUIRED INFORMATION

Name	<input type="text"/>	Business	<input type="text"/>	Description	<input type="text"/>		
Address	<input type="text"/>			City	<input type="text"/>	Zip Code	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>		Website	<input type="text"/>	

TELL US A LITTLE ABOUT THE BUSINESS

What significant impact has this individual had on your small business or the small business community as a whole? Explain why you are nominating him or her.

Nominated by	<input type="text"/>	Email	<input type="text"/>	Phone	<input type="text"/>
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