

Business of the Month

NOMINATION FORM



CEDAR CITY
CHAMBER OF COMMERCE

Selection Criteria:

1. Must be a current member of the Cedar City Area Chamber of Commerce with at least one year of business activity in our community.
2. Must provide exceptional customer service and/or have accomplished an outstanding achievement.
3. Must represent our community in a positive and professional manner.

Company Name: _____

Street Address: _____

Contact Person: _____ Phone: _____

Brief Description of the Business: _____

Specific reason to recognize them as Business of the Month: _____

Nominated by: _____ Phone: _____

Email Address: _____

Return Nomination Form To:

Cedar City Area Chamber of Commerce

510 West 800 South - SWATC Campus

Cedar City, Utah 84720

Phone: (435) 586-4484

Fax: (435) 586-4310

OFFICE USE ONLY

Date Received: _____

Member in Good Standing: _____

Ambassador Review Date: _____

Committee Review Date: _____

Status: _____