|  |  |
| --- | --- |
| Chapter |  |
| Adviser(s) |  |
|  |
|  |  |  |
| **Exact name of business person to be listed on the plaque:** |
|  |  |
| **Title** |  |
|  |  |  |  |
| **Contact Information** |
|  |  |  |  |
| Business Name |
|  |  |  |
| Address |
|  |  |  |
| City/State/ZIP |
|  |  |  |
| Work Phone |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **[ ]** Attached is our nominee’s resume.**[ ]** We have contacted our nominee, and he/she plans to attend the FBLA State Leadership Conference Awards Program on Saturday morning. |  | * ***E****ach businessperson nominated by a local chapter will receive the FBLA Businessperson of the Year Award.*
* ***T****he local chapter adviser is responsible for notifying the recipient of the date, time, and location of the award presentation.*
* ***N****o communication will be sent from the state office to the local businessperson. The chapter is responsible for all communication regarding the award and the presentation.*
* ***P****lease consider recruiting your businessperson as a FBLA professional member.*
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