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