IFA INTERNATIONAL FRANCHISE ASSOCIATION | Franchising™ Building local businesses, one opportunity at a time.

OFFICIAL 2009 NOMINATION FORM
IFA FRANCHISEE OF THE YEAR AWARD

Franchisee Information

Name(s) of Franchisee _____
(Please print)

Franchisee Company Name _____
for Trophy Inscription (Please print)

Franchisee HOME Address _____ **City/State** _____

ZIP _____ **Phone** _____ **E-Mail** _____

In 30 words or less, please provide a "spotlight" statement (printed please) to be read as your Franchisee of the Year accepts the award: _____

_____

_____

_____

_____

I understand and agree (please initial in the space provided):

_____ The Franchisee's attendance at the award ceremony is a condition of the award. If the Franchisee cannot attend, no award will be presented.

_____ The Franchisee of the Year is allowed one guest at the award ceremony (other than a franchise system representative) at no charge. Advance notification for all guests is required to insure seating availability and reservations. There will be a per guest meal charge for each additional guest over the one guest allowed at no charge.

_____ One Franchisee of the Year Award trophy is provided at no cost. Additional trophies will be the responsibility of the nominating party.

_____ IFA staff will contact the Franchisee of the Year winner with information about registration, guests and rehearsal.

Franchisor Nominator Name _____
(Please print)

Franchisor Nominator's Signature _____

Franchisor (Parent Company) _____

Franchisor Contact (if different than nominator) _____
(Please print)

Phone _____ **E-mail** _____

Please e-mail the completed form to Jodi McCray at jmccray@franchise.org.

IFA Franchisee of the Year
1501 K Street, NW ï Suite 350
Washington, D.C. 20005

If you do not receive confirmation of this nomination within 10 days after submitting this form, please call 202-662-0766.