



MED WEEK NOMINATION FORM

What category are you nominating this business/agency?

- BDI Construction Firm of the year
- BDI Leadership Award
- BDI Minority Business Firm of the Year
- BDI Champion Award
- BDI Legacy Award for Lifetime Achievement

Business/Agency Name _____

Owner/Contact Name _____

Telephone _____ **E-mail** _____

Nominator Business/Agency Name _____

Nominator Name _____

Telephone _____ **E-mail** _____

Why are you nominating this business/individual/organization? _____

What sets this business/individual/organization apart and why do you feel this business/individual/organization deserves award recognition?
