

Elite Under 30

Nomination Application



Please complete the form and send to: Amininger@epilepsy-setn.org

Name: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Work Phone: _____ Cell Phone: _____
Email: _____ Age: _____

Please describe the attributes that make this person a candidate for this honor. Please include business accomplishments along with any past or present volunteer roles in the Chattanooga community. Feel free to attach additional pages if more space is needed.

Would you be willing to help sponsor/support the individual you are nominating: Yes No

Nominated by: _____ Company: _____
Phone: _____
Email: _____

Nominees will be contacted directly for further information.

Nomination forms must be turned in NO LATER than 5:00 p.m. on April 10. Accepted honorees will be notified by April 23rd.