



1. Name of person or group you wish to nomi	nate (Self-nominations	accepted):		
Nominee's company/farm name:				
Mailing address of nominee:				
Phone number of nominee:				
Email address of nominee:				
2. Your name and mailing address:				
Your phone number:				
Your Email address:				
May we contact you for further information about	out the nominee?	Yes	No	
When is a good time to reach you?				
3. Check the category or categories for which	ı you wish to nominate	the above individu	al or group:	
Business & Service	Organizati	Organization/Association		
Crop Production (Farmer)	Research & Education			
4. Approximately how many years has the nor	minee been no-tilling	or involved in no-tilla	age? (leave blank if unsure)	
The nominees will be scored on com	nmunity/industry impact	, progressiveness/inn	ovation and recognition.	
6. Why do you feel the above nominee is a No pages or supporting materials, photos, articles progressiveness/innovation and recognition.				

Thank you! Please return this completed nomination form to the following address by Friday, June 21, 2024:

No-Till Farmer Innovator Awards

P.O. Box 624, Brookfield, WI 53008-0624

You may also fax your completed form to (262) 786-5564 or email to mpaukner@lessitermedia.com Nominations may also be submitted online at www.No-TillFarmer.com/nominate

Have questions? Want more forms? Call 800.645.8455