Please send this form, plus any supporting letters and documentation, by email to the staff liaison for the Young Professionals Award Evaluation Committee's review before the nomination deadline. Send submissions to jevoniuk@asbe.org with the subject line: "ASB Rising Bakers Nomination Submission".

Full Name of Nominee (First, Last)

NOMINEE CONTACT INFORMATION

Date of Birth	Job Title	Company Name
ace of birth	Job Title	company Nume
mail Address		
	NOMINATOR	R CONTACT INFORMATION
ull Name of Nomir	nator (First, Last)	
ob Title		Company Name
mail Address		
•	ng two (2) fields – Summary	g information is <u>REQUIRED</u> . Statement of Significance and Professional Positions – is left the Young Professionals Award Evaluation Committee.
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WHOLESALE BAKING RELATED PROFESSIONAL POSITIONS

Organization	Positi	ion/Title		Dates of Employment
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	The fellow		:- ODTIONAL	
		ving information		
Please	e feel free to use the	e fields below to fur	ther support your i	nomination.
	5	UPPORTING LET	TERS	
etters from one (1) or	more industry indivi	dual in addition to t	he nominator. Awa	rd committee members may
ot write supporting let				
•				
Supporting letters may	be submitted in conj	unction with form o	or separately by the	nomination deadline. All
etters must be provide				
·	•			
lame		Affilia	ition	
		(supe	rvisor, co-worker, v	endor, client, etc.)
			,	, , ,
		BAKING EDUCAT	TION	
Course		BAKING EDUCAT	TION	Year(s)
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TECHNICAI		Institution ONAL SOCIETY IV	IEMBERSHIPS (II	NCLUDING ASB)

INDUSTRY HONORS/ACHIEVEMENTS/RECOGNITION

Includes awards, prizes, and speaking opportunities

Award/Prize/Event	Date
ADDITIONAL SUPPORTING MATERIAL	S
No more than 3 supporting items. Materials can be copies of articles, photos, was materials may be submitted in conjunction with form or separately by the nom be provided in universally accepted electronic formats: PDF, DOCX, JPEG/PNG,	nination deadline. All items must
Description of Supporting Material	