



Nomination form must be returned by August 8, 2008

24th Annual
2008 HONOREE NOMINATION FORM

NEVADA LOCATION: (Please type or print clearly)

Company Name: _____
Local Contact: _____ Title: _____
Physical Address: _____
Mailing Address: _____
City _____ State _____ Zip Code _____
Phone: _____ Fax: _____ E-Mail _____

CORPORATE/HEADQUARTERS LOCATION: (if applicable)

Company Name: _____
Contact Name: _____ Title: _____
Physical Address: _____
Mailing Address: _____
City _____ State _____ Zip Code _____
Phone: _____ Fax: _____ E-Mail _____

BUSINESS TYPE: (Circle one)

- | | |
|---------------------------------|--------------------------------|
| Business & Financial Services | Life Sciences |
| Software | Business & Technology Services |
| Clean Energy | Tourism & Hospitality |
| Advanced Manufacturing | Regional Health Services |
| Advanced Logistics/Distribution | Bio-Agriculture |

COMPANY'S PRIMARY MARKET IS: (Circle all that apply)

Regional **National** **International**-product exported to _____
(Identify country/countries)

PRODUCT/SERVICE DESCRIPTION: _____

OFFICE USE ONLY:		
Status:	New	Expanding
Qualifies:	Yes	No
Reason:	_____	
Nominated by:	_____	

Company Name: _____

COMPANY IS: (Check appropriate description)

- New to Nevada
 Startup business
 Expansion of an existing Nevada business

"NEW" or "STARTUP BUSINESS": (Complete this section only if startup or new to Nevada)

Date or anticipated date of opening _____

Number of employees in Nevada: At opening _____ Present Time _____ Anticipated after 1 Year _____

Average hourly wage of Nevada employees \$ _____

Facility is: Leased _____ Owned _____ Total square footage _____

Capital investment in Nevada (including building and equipment)- optional \$ _____

If a relocation or expansion, from what CITY _____ STATE _____

"EXPANSION" OF A NEVADA BUSINESS: (Complete this section only if a Nevada business expansion)

Year established in Nevada _____ Is facility: Leased _____ Owned _____

of employees added as **result of expansion** _____ Current # of employees _____

If physical expansion, square footage added _____ Date of /anticipated completion _____

Capital investment (including building and/or equipment) - optional \$ _____

REASONS FOR RELOCATING BUSINESS TO OR EXPANDING IN NEVADA:

COMPLETE THIS FORM AND RETURN BY
August 8, 2008

TO:

Governor's Industry Appreciation Awards
704 W. Nye Lane, Ste 201, Carson City NV 89703
(775) 883-4413 - Fax (775) 883-0494 - E-Mail: jbishop@nnda.org