



1. Name of person you wish to nominate (Individual growers eligible only. Self-nominations accepted):

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 the nominee? _____ Yes _____ No

When is a good time to reach you? _____

3. Why do you feel the above nominee is a Strip-Till Innovator? List specific examples, if possible. Feel free to attach additional pages or supporting materials, photos, articles or documentation.

4. List two people who would be able to provide additional information about the above nominee.

Name & Phone #: _____

Company and/or Occupation: _____

Name & Phone #: _____

Company and/or Occupation: _____

Thank you! Please return this nomination form to the following address by January 31, 2024:

Strip-Till Farmer Innovator Awards

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

You may also complete and submit this form online at www.StripTillFarmer.com/nominate

Have questions? Want more forms? Call 800.645.8455

