



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 March 15, 2019:**

**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](http://www.StripTillFarmer.com/nominate)

**Have questions? Want more forms? Call 800.645.8455**

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