

# DO YOU WORK AT THE BEST PLACE IN KENOSHA?

The Kenosha Area Chamber of Commerce is now accepting nominations for the 10th annual Kenosha County “Best Place to Work” Award. This award is intended to highlight an outstanding Kenosha County employer, as nominated by its employees.



## BEST PLACE TO WORK 2017

Any Chamber member in good standing, with a location in Kenosha County, is eligible for the award. Additional nomination forms are available online at [kenoshaareachamber.com](http://kenoshaareachamber.com).

The winner of the Kenosha County Best Place to Work Award will be recognized at the Kenosha Area Chamber of Commerce Annual Meeting on August 2. The Chamber also presents its annual Chairman’s Award, awards scholarships, and a keynote address.

## SUBMITTING YOUR NOMINATION

- Fax this form to (262) 654-4655 or email it to [info@kenoshaareachamber.com](mailto:info@kenoshaareachamber.com)
- Supporting information may accompany the form but will not replace the nomination form.
- The committee will select a winner based on both quantity and quality of nominations received.
- Companies must be nominated to win and nominees must have a location in Kenosha County.
- All nominations must be made by employees.
- Nomination must be received by **May 12, 2017**

## TROPHY CASE



JOHNSON BANK &  
PLATINUM SYSTEMS



DENTAL ASSOCIATES



LANDMARK TITLE  
CORPORATION



CORDECK



HAIR UNLIMITED



OCEAN SPRAY  
CRANBERRIES



TECOMET



CAMOSY  
CONSTRUCTION



PARTNERS IN DESIGN &  
AURORA HEALTH CARE

# BEST PLACE TO WORK NOMINATION FORM



Submit this form by **May 12** to

info@kenoshaareachamber.com *or* fax to (262) 654-4655

\_\_\_\_\_  
company name

## EMPLOYEE CONTACT INFORMATION

\_\_\_\_\_  
name

\_\_\_\_\_  
title

\_\_\_\_\_  
email

\_\_\_\_\_  
phone

## ABOUT THE COMPANY

\_\_\_\_\_  
address

\_\_\_\_\_  
city

\_\_\_\_\_  
zip

\_\_\_\_\_  
phone

\_\_\_\_\_  
fax

\_\_\_\_\_  
website

\_\_\_\_\_  
how long has the company been in business?

\_\_\_\_\_  
number of employees

\_\_\_\_\_  
company benefits

\_\_\_\_\_  
reason for nomination (attach a second sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## TOP LOCAL EXECUTIVE (PERSON MOST LIKELY TO ACCEPT AWARD)

\_\_\_\_\_  
name

\_\_\_\_\_  
title

\_\_\_\_\_  
phone

\_\_\_\_\_  
email