

SD Salesperson of the Year Award Nomination

Minimum Selection Criteria

- Salesperson operating in South Dakota
- Individual and/or company has shown outstanding support of pharmacy in South Dakota

Nominee's Full Name: _____
(Nickname)

Nominee's Mailing Address: _____
(City/State/Zip)

Practice Site: _____
(City/State/Zip)

Please identify why this nominee should receive this award (to be completed by nominating individual).

Signature: _____
(District Officer, Nominating Person, or Nominee)

Date: _____