



2018 HALLMARK AWARDS OFFICIAL NOMINATIONS FORM

SPECIALTY AWARDS

Community Service | Deal of the Year | Industry Affiliate | Wilbur Strickland | REALTOR® of the Year

Submission Deadline Tuesday, May 1, 2018 – Fee is \$50.00 per person.

Each member may nominate an individual for each Specialty Award, with only one form submission per member. Completed forms **must be received by May 1, 2018** and may be sent via email, fax, or mail to:

WILBUR STRICKLAND AWARD: _____

NAME OF NOMINEE

Given in the name of a person who has contributed a lifetime as a major influence in commercial real estate in the 10 county area and recognizing this individual of outstanding dedication and unending support of the Central Florida Commercial Association REALTORS® or Commercial Real Estate.

REALTOR® OF THE YEAR: _____

NAME OF NOMINEE

Given to a REALTOR® who has been a major influence in commercial real estate in the 10 county area and recognizing this individual of outstanding dedication and unending support of the Central Florida Commercial Association REALTORS®, Florida REALTORS®, National Association of REALTORS® or Commercial Real Estate.

INDUSTRY AFFILIATE OF THE YEAR: _____

NAME OF NOMINEE

Industry Affiliate of the Year recognizes a CFCAR Affiliate Member in good standing for service and commitment to the Central Florida Commercial Association of REALTORS®.

CFCAR COMMUNITY SERVICE AWARD: _____

NAME OF NOMINEE

Recognizes someone committed to outstanding community service who is currently a member in good standing of CFCAR in our participating counties: Sumter – Marion – Alachua – Lake – Osceola – Orange – Seminole – Volusia – Brevard – Flagler **(Narrative must be included – use second page)**

DEAL OF THE YEAR: _____

NAME OF NOMINEE

Recognizes a transaction within the ten (10) county area that demonstrates the greatest degree of experience and dedication, complexity and or perseverance on the part of the member, by a written narrative describing the transaction in detail and who is a current member in good standing of CFCAR. **(Narrative must be included – use second page)**

Submitted by: _____

Name

Company Name

Signature

Date

Payment Form

Fee for entry: \$50.00 per person

<u>Payment Type:</u>	<input type="checkbox"/> Check	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover Credit Card
Name on Card:	_____				
Credit Card #:	_____	Expires:	_____	CVV:	_____
Billing Address:	_____			Billing Zip:	_____