



**ABFI Signature Family Nomination Form**

*All submissions will be reviewed by a committee comprised of ABFI Advisory Board past and current members*

3-23 Business Building  
Edmonton, Alberta  
Canada T6G 2R6  
Tel: 780.492.0234  
abfi@ualberta.ca  
www.abfi.ca

**1. Nominator Contact Information**

First & Last Name: \_\_\_\_\_

Do you consent to being added to ABFI's mailing list?

Job Title: \_\_\_\_\_

Yes

Company: \_\_\_\_\_

No

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Nominee: \_\_\_\_\_

**2. Nominee Contact Information**

Nominee Family: \_\_\_\_\_

Nominee Business: \_\_\_\_\_

Nominee Contact First & Last Name: \_\_\_\_\_

Nominee Contact Email: \_\_\_\_\_

Nominee Contact Phone: \_\_\_\_\_

Nominee Business Website: \_\_\_\_\_

Why are you nominating this Business Family for the ABFI Signature Family? Please attach a word doc if necessary.

\_\_\_\_\_  
\_\_\_\_\_