



MUSHROOM COUNCIL

Nomination Form

My nomination(s) for candidate(s) in Region _____ are as follows:

1. Name _____	2. Name _____
Company _____	Company _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone _____	Phone _____
3. Name _____	4. Name _____
Company _____	Company _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone _____	Phone _____

I hereby certify that the company listed below produces over 500,000 pounds of mushrooms annually, on average, for fresh use.

Name _____	Address _____
Title _____	Email _____
Company _____	Phone _____
Signature _____	Date _____

Return Completed form to: Mushroom Council
 Street
 City, State, Zip
 Telephone No. (xxx) xxx-xxxx; Fax No. (xxx) xxx-xxxx

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