### Official Entry FormFEDESSA Awards 2024Permission to Publish

One copy of this form is required for each Award Entry

Category entry for:

# [ ]  Multi-Site Operator Store of the Year [ ]  Manager of the Year

# [ ]  Independent Operator Store of the Year [ ]  Innovation Award

# [ ]  Sustainability Award [ ]  Expansion/Conversion Award

Name:  Enter Name

*Primary contact for the Award’s submission and for all correspondence.*

Position: *Enter Position in Business*

Organisation: *Enter Business Name*

Postal address: *Enter Postal Address*

Telephone Number: *Enter Phone Number*

Email Address: *Enter Email for contact*

I give permission to FEDESSA, its PR contractors and its Awards Coordinators to use the information in this submission, that is not of a commercially sensitive or confidential nature, to describe my/our achievements at the Awards evening and promote my/our achievements to the media. I understand that my identity/the identity of the organisation will be disclosed during this process.

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Signature Date

Please provide a 50-word summary of why this submission should win the award.
Note: This may be used during the promotion of the awards.

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