

*GOVERNOR'S CERTIFICATE OF RECOGNITION  
FOR OUTSTANDING HOSPITALITY &  
CUSTOMER SERVICE*

**Nomination Form**

Employee's Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Web-site: \_\_\_\_\_

Staff Person Preparing Report: \_\_\_\_\_

Staff Person's Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Nominee's Supervisor's Name: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

If nominated employee is seasonal, list termination date: \_\_\_\_\_

Date Nomination Submitted: \_\_\_\_\_

Date Outstanding Service Occurred: \_\_\_\_\_

Attach a copy of customer comments. Use space below for additional comments or information.  
Attach additional sheets as needed.

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Certificate will be sent to employee's supervisor unless otherwise requested.

SEND TO: HOSPITALITY PROGRAM  
SOUTH DAKOTA OFFICE OF TOURISM  
711 E. WELLS AVENUE  
PIERRE, SD 57501-3369

