

# AWARDS NOMINATION FORM

NAME OF NOMINEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POST CODE: \_\_\_\_\_

TEL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I WISH TO NOMINATE THE ABOVE NOMINEE FOR THE FOLLOWING:

- |                                |                          |  |                          |                                      |                          |
|--------------------------------|--------------------------|--|--------------------------|--------------------------------------|--------------------------|
| Beauty Salon of the Year       | <input type="checkbox"/> | Men's Stylist of the Year                    | <input type="checkbox"/> | Masseuse of the Year                 | <input type="checkbox"/> |
| Hair Salon of the Year         | <input type="checkbox"/> | Stylist of the Year                          | <input type="checkbox"/> | Male Grooming Specialist of the Year | <input type="checkbox"/> |
| Beautician of the Year         | <input type="checkbox"/> | Salon Design of the Year                     | <input type="checkbox"/> | Blogger of the Year                  | <input type="checkbox"/> |
| Make Up Specialist of the Year | <input type="checkbox"/> | Best Barbers 2016                            | <input type="checkbox"/> | Best Marketing Campaign              | <input type="checkbox"/> |
| Nail Technician of the Year    | <input type="checkbox"/> | Hair Extension Specialist of the Year        | <input type="checkbox"/> | Best of Birmingham                   | <input type="checkbox"/> |
| Spa of the Year                | <input type="checkbox"/> | Bridal Hair & Make Up Specialist of the Year | <input type="checkbox"/> | Best of Manchester                   | <input type="checkbox"/> |
| Cosmetic Clinic of the Year    | <input type="checkbox"/> | Team/Service of the Year                     | <input type="checkbox"/> |                                      |                          |
| Junior Stylist of the Year     | <input type="checkbox"/> | Tanning Salon of the Year                    | <input type="checkbox"/> |                                      |                          |
| Colour Technician of the Year  | <input type="checkbox"/> |  |                          |                                      |                          |

REASON FOR NOMINATION (PLEASE ATTACH EXTRA INFORMATION SHEET WITH THIS FORM IF REQUIRED)

## YOUR DETAILS

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POST CODE: \_\_\_\_\_

TEL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Please send nomination forms to: The English Hair & Beauty Awards, Creative Oceanic, Polar House, 20 Darnley Street, Glasgow, G41 2SE

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COMING SOON