Gold Medal Award Nomination Form

The SAF Gold Medal Award is awarded by the Society to the originator or introducer of a widely distributed plant or flower that has become established as an outstanding product of significant horticultural and commercial value. This award may not be given for any plant or flower within five years of its dissemination.

Nominations stay active for a period of five years.

To nominate an individual to receive this award, please complete the nomination form and return it to:

Stephanie Brady, Awards Committee Liaison
Society of American Florists
1001 N. Fairfax Street, Suite 201
Alexandria, VA 22314
sbrady@safnow.org

The deadline for receiving nominations is March 1, 2021
Society of American Florists
Gold Medal Award Nomination Form

Please type or print clearly.

Nomination For: __________________________________________________
Organization: _____________________________________________________
Address: __________________________________________________________
City/State/Zip: _____________________________________________________
Phone/Fax: _________________________________________________________
E-mail Address: _____________________________________________________

Your Name: _________________________________________________________
Organization: _______________________________________________________
Address: ___________________________________________________________
City/State/Zip: _______________________________________________________
Phone/Fax: _________________________________________________________
E-mail Address: _____________________________________________________

Are they a member of SAF: Yes ☐ No ☐

Reasons they should receive the Society of American Florists Gold Medal Award -- please be as specific as possible and include plant/flower that has become established as an introduction of outstanding horticultural and commercial value (attach additional pages if necessary).

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

May we contact you for additional information if necessary? Yes ☐ No ☐

DATE OF NOMINATION: ________________________________