

# MASTERCLASSER NOMINATION FORM

I \_\_\_\_\_ from \_\_\_\_\_  
(Name) (Company)

wish to nominate the following woolclassers(s) to be considered for entry to the following Masterclasser Program:

**Course Location** \_\_\_\_\_ **Start Date** \_\_\_\_\_

<u>Name of Nominee(s)</u>	<u>Stencil Number (if known)</u>
_____	_____
_____	_____
_____	_____

Reason For Nomination(s)  
(optional) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please return Nomination Form by Fax no later than 23<sup>rd</sup> April 2008 to:

Greg Sawyer  
Woolclasser Registrar  
Australian Wool Exchange Ltd  
(Fax) 02 9420 9633