



5. What impact has the implementation of new health-related service(s) had on your firm?

6. Please comment on company growth over the last three years:

7. Do you have training programs for your staff? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes" describe briefly (length, cost, participants, etc.)

8. Describe the method by which management and staff are involved in achieving excellence in healthcare.

9. What changes do you foresee in health and wellness services?

10. According to you, why does your company deserve this award?

11. If there were one unique idea that you would like to see for Aberdeen, what would it be?

THE INFORMATION ON THIS ENTRY FORM WAS COMPILED BY:

Name \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT:** Submit four (4) entry forms for each category and attach the "General Data" form to each entry form. Supplemental materials (brochures, annual reports, etc.) may be included. You may enter the questions in your word processing, however, use the same format. Thank you.

Return by August 14, 2009:           Aberdeen Area Chamber of Commerce, P.O. Box 1179, Aberdeen, SD 57402-1179