



PHTA Superlative Awards

Nomination Form (Nominations are due by June 30, 2024)

Nominee Name						
Email	Pho	ne				
Mailing address						
Please list any/all credentials or certi	fications held by the nominee:					
How many years has the nominee be	een a member of PHTA (formerly APSP)?	?				
Title						
	Phone					
Mailing address						
Please select the award for which yo	ou are making the nomination:					
☐ Builder of the Year	☐ Retailer of the Year	☐ Volunteer of the Year				
☐ Service Professional of the Year	☐ Young Professional of the Year	\Box IHTA Hot Tub Retailer of the Year				
I certify that the nominee meets the	criteria as listed in the awards informati	on □Yes □No				
Commitment to the Industry						
-	rates commitment to the pool and hot t	tub industry.				

PHTA Service

Please list any/all committee assignments, educational endeavors, or other examples of the nominee's service to PHTA.





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Detail the achievements of the nominee and demonstrate how they have positively advanced the industry.

Optional Information

Provide any additional information that expresses exemplary traits, ethics, or achievements of the nominee.

