# 2027 GROUP CERTIFICATION REWARD FORM

Thank you for participating in the 2027 Retailer Certification Program. Best of luck to you this year!
Please send this sheet to Karin at Karin@provenwinners.com or fax to: 815-895-1873

Company Name: _____

Main Address: _____City: _____

State/Province: _____ Zip/Postal Code: _____ Phone: _____



Choose 1 group reward for all employees to receive:
A. Purple T-shirt (indicate unisex size below)
B. Black Cap with adjustable strap.
C. Let employee choose their own reward below
D. No thanks. We will pass on rewards.
Do you want your employees' first name included on your garden center listing on our website as a Certified Professional Employee? ☐ Yes ☐ No

Employee Name: _____ Location: _____
A. Unisex T-shirt sizes: XS ☐ SM ☐ MD ☐ LG ☐ XL ☐ 2XL ☐ 3XL ☐ 4XL or ☐ Black Cap

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