

Nominee Name

The location you would like to enter into
the New 7 Wonders of Nature campaign

Official Supporting Committee Information

Please provide here the details on your Official
Supporting Committee

Committee name:

Address:

Contact details

Telephone:

FAX:

E-Mail:

Name of Head of Official Supporting Committee:

Name of coordinator person (if different):

Official Supporting Committee Authority

You must be authorised by a legitimate national,
regional or local government or public authority with
responsibility for the nominee location - please provide
information on your authority here

Name of authority:

Address:

Contact details

Telephone:

FAX:

E-Mail:

Website:

Name of Head of authority:

Please send by FAX a separate official letter from this authority confirming their official support

Date

Signature

Name of person