

**Cleveland County Business Development Center (CCBDC)**  
**26th Annual MED Week – Unsung Heroes Legacy Award**

**Recipient Profile Form**

Please complete the following information and return this form along with a recent photo (high-resolution, headshot preferred) by [insert deadline date]. This information will be used for event materials and publicity.

**Contact Information**

Full Name: \_\_\_\_\_

Business/Organization Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website/Social Media (optional): \_\_\_\_\_

**Business/Professional Background**

Year Business/Organization Established: \_\_\_\_\_

Industry/Field: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Brief Business/Professional History (3–5 sentences):

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**Community & Impact**

Key Achievements or Milestones:

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**Cleveland County Business Development Center (CCBDC)**  
**26th Annual MED Week – Unsung Heroes Legacy Award**

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Community Involvement/Service Contributions:

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What does receiving the “Unsung Heroes Legacy Award” mean to you?

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**Photo Submission**

I have attached a recent professional headshot (JPEG/PNG, high resolution).

**Authorization**

I authorize CCBDC to use my profile and photo for event publicity, printed program materials, and media promotions related to the 26th Annual MED Week.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_