



Transaction Awards Nomination Form

Transaction Information

Property Address: _____

Closing Date: _____ Agency: Seller/Landlord Buyer/Tenant

Property Type: Retail Office Industrial Medical Other: _____

Transaction Type: Sale Lease Property Size: _____ Price: _____

Parties Involved: _____

Investment Info: Cap Rate: _____ IRR: _____

CCIM's Impact on Transaction: _____

Additional Info: _____

Broker/Company Information

Broker Name: _____

Company: _____

Phone: _____

Email: _____

Designation Year: _____

*Please include a headshot of you, as well as any pictures of the property you would like included.