

NHSLMA 2017 AWARDS Call for Nominations

NOMINEE INFORMATION

Name _____

Present Position _____

Employed by _____

Address _____

I am submitting the above named for the following award. Please check one:

Paraprofessional

NOMINATOR INFORMATION

Name _____

Present

Position _____

Employed by _____

Address _____ Phone _____

—

ADDITIONAL REFERENCE

Name _____

Present

Position _____

Best

Contact _____

—

LOCAL NEWS OUTLET INFORMATION:

Name of news outlet:

Best Contact

Please indicate why you think this person should be recognized by NHSLMA.

Please email nomination to nhslmaawards@gmail.com