

NSLHA AWARDS NOMINATIONS FORM

Deadline: First Friday in August

Nominee's Name & Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Present Work Place: _____

Work Phone: _____

e-mail Address: _____

Present Position: _____

Award Nominated For:

Why should this person be selected? _____

Nominated By:

Position: _____

Institution: _____

Address: _____

City: _____ State: _____

e-mail Address: _____

Date: _____

Relation to Nominee: _____

Please send nominations to:
NSLHA
455 South 11th Street, Suite A
Lincoln, NE 68508