



2018 NOMINATION FORM

AWARD: _____

NAME OF NOMINEE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

I support the award nominee for the following service or accomplishment reasons:

Signature: _____ Date: _____

Print Name: _____

Address: _____

City/State/Zip: _____

Phone (Day): _____ (Evening): _____

Email: _____

Send nominations to:

Great Lakes Association of Orthodontists
17 South High Street, Suite 200
Columbus, OH 43215
Phone: (877) 274-6420; (614) 221-5720
Fax: (614) 221-1989
GLAO@AssnOffices.com

NOMINATIONS ACCEPTED UNTIL THE CLOSE OF BUSINESS OCTOBER 31, 2017.