



**THE GREAT LAKES ASSOCIATION
OF ORTHODONTISTS**

2025 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
400 W. Wilson Bridge Road, Suite 120
Worthington, OH 43085
Phone: (877) 274-6420; (614) 221-5720
Fax: (614) 221-1989
GLAO@AssnOffices.com

NOMINATIONS ACCEPTED UNTIL THE CLOSE OF BUSINESS OCTOBER 29, 2024.