



## 2019 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](mailto:GLAO@AssnOffices.com)

**NOMINATIONS ACCEPTED UNTIL THE CLOSE OF BUSINESS OCTOBER 31, 2018.**