

Washington Speech-Language-Hearing Association  
2150 N. 107<sup>th</sup> Street, Suite 205  
Seattle, WA 98133-9009  
(206) 367-8704 | Fax (206) 367-8777

## SPECIAL RECOGNITION AWARD Nomination Form

**Instructions:** This form must be completed and submitted as the front cover to the additional supporting materials required (as listed below). Submit original to the WSHA Office by **September 1.**

### 1. Nominee Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Professional Title and Work Setting: \_\_\_\_\_

\_\_\_\_\_

### 2. Additional Information Required

- A. Please include justification for the nomination, who has benefited from the contribution(s) of the nominee and supporting background information on the nominee, emphasizing what major contributions s/he has made to the Association, the profession(s) of audiology and/or speech-language pathology or consumerism in one or more of the following areas:  
consumer advocacy; legislative or other governmental affairs activity;  
public awareness; research; service to the Association
- B. Additional letters of support are welcomed and may be from non-members, i.e., other professionals with whom the nominee has worked or consumers.
- C. Nominations should not be made known to the nominee prior to his/her election.

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Relationship to nominee

Address: \_\_\_\_\_

\_\_\_\_\_  
Day Phone

\_\_\_\_\_  
Evening Phone

\_\_\_\_\_  
Email address