

WPPA Service Awards Nomination Form



A fillable version of this form may also be found at wppa.com/service-awards

| | | | |
|---------------------|---------------|-----|--|
| Nominee | | | |
| Title | | | |
| Full Name | | | |
| Department | | | |
| Work Street Address | | | |
| City | State | Zip | |
| Telephone (W) | Telephone (H) | | |
| Email | | | |
| | | | |
| Nominator | | | |
| Title | | | |
| Full Name | | | |
| Department | | | |
| Work Street Address | | | |
| City | State | Zip | |
| Telephone (W) | Telephone (H) | | |
| Email | | | |
| Signature | | | |

Please send your submission(s) by January 6, 2023, to:

WPPA Awards Committee
660 John Nolen Drive, Suite 300
Madison, WI 53713