



ORA 2019 AWARD NOMINATION FORM

Nominators are encouraged to carefully read the criteria for each award and to submit any documentation and supporting evidence reflecting these criteria.

Name of Nominee: _____

Nominee's Complete Address: _____

Nominee's Daytime Phone #: (____) _____

Nominee's Email Address: _____

Award Category: _____

Name of Nominator: _____

Nominator's Complete Address: _____

Nominator's Daytime Phone #: (____) _____

Nominator's Email Address: _____

Submission Date: _____

NOMINATIONS MUST BE RECEIVED BY AUGUST 15, 2019

On a separate sheet of paper (in narrative form) please state why you believe this individual or organization should receive the award. Statements should be specific as to the nature, scope and importance of the contribution made by the Nominee to the rehabilitation of persons with disabilities and/or ORA. You may add explanatory statements and/or corroborating materials from other individuals or organizations. All statements must be signed. This form may be photocopied, however, please use a separate form for each nomination.

An award will be presented in a category **ONLY** if there is a suitable nominee meeting all the required criteria. Decisions to present or not present awards are made by the ORA Awards Committee and are final.

The Awards Ceremony is scheduled for Friday, September 20, 2019 at the Embassy Suites Hotel in Dublin, Ohio.

Forward this original Nomination Form and any supporting material to:

Libby Land, ORA Awards Chair
awards@ohiorehab.org

If you have any questions, please contact Libby Land at the email address shown or Vickie Leeming, ORA Home Secretary, at ora@bex.net or call (419) 841-8889 (Office)

Visit our website at www.ohiorehab.org