

NOMINATION FORM

Name of the POY nominee: _____

Why they meet the Criteria listed above:

Please provide a brief narrative (200 words or less) of your reasons for nominating your POY, and how they meet the criteria for the Moquin Award.

Contact Information:

Organization Name: _____
Contact Name: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Organization Web Site: _____
Nominee Name: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Submit your POY nomination by August 20, 2008 to:

poy@hats.org and b.nothing@hats.org

Email or Call 256-683-8842 with any questions.