



**HUMANE SOCIETY
VETERINARY MEDICAL
ASSOCIATION**

Award Nomination Form

NOMINEE: _____
ADDRESS: _____
PHONE: _____ E-MAIL: _____
AWARD: <input type="checkbox"/> HSVMA Direct Care Practitioner of the Year <input type="checkbox"/> HSVMA Veterinary Advocate of the Year

BACKGROUND: Succinctly describe the reason for the nomination, including dates and significance of relevant accomplishments, their impact in the animal care community, and the ways in which they meet the requirements of the specific award. Limit is 300 words. Additional biographical material may be attached but is limited to 3 typed pages.



NOMINATOR INFORMATION

Name (print): _____ Date: _____

Address: _____

Phone: _____ Email: _____

NOMINATIONS CAN BE SUBMITTED BY:

E-mail: info@hsvma.org (subject line AWARD NOMINATION)

Mail: HSVMA, 2100 L ST. NW Washington, DC 20037

Fax: Attn: Martin Montorfano, 301-258-3107 (must include cover sheet)