



AWARDS NOMINATION FORM

Name of Nominee _____

Phone _____ Email _____

Name of Person Completing Form _____

Phone _____ Email _____

Award for which Individual Is Being Nominated

- Honors of the Academy
- Outstanding Achievement in Audiology
- Other _____

Use additional space if needed:

Why are you nominating this individual for an MAA honor or award?

What qualities make this person worthy of an MAA honor or award?

What specific contributions has this person made to the field of audiology, the Minnesota Academy of Audiology, or individuals with hearing loss in the state of Minnesota?

Nomination deadline is November 15.
Please send your nomination to administrator@minnesotaudiology.org