



ASHRM DISTINGUISHED SERVICE AWARD Nomination Form

Return completed form to ASHRM@aha.org by May 1, 2020

Nominee's Name:

Title:

Employer:

Address:

City:

State:

ZIP:

Phone:

Provide the names and telephone numbers of two professional references who will be contacted to support the nomination.

Reference #1

Reference #2

Name

Name

Phone

Phone

Summarize the nominee's active participation and contributions to ASHRM, e.g., service on the ASHRM Board, committees, task forces, faculty, author, etc.:

May be continued

Please summarize the nominee's active participation and contributions to local or regional risk management organizations or ASHRM affiliated chapters.

Please summarize the nominee's major contributions to the advancement of the profession of risk management (this may be through authorship, teaching, research in risk management, etc.)

Your name:

Employer:

Address:

City:

State:

ZIP:

Phone:

Nomination forms may be e-mailed to ASHRM@aha.org. All forms must be received no later than Friday, May 1, 2020