

SWANA ANNUAL INTERNATIONAL AWARDS PROGRAM NOMINATIONS FORM - 2009

- 1. Name of Nominee: _____
- 2. Title of nominee: _____
- 3. Organization: _____
- 4. Address of nominee: _____

5. Telephone and fax number of nominee: _____

6. Type of award (please check one):

➤ **Professional Achievement Award**

- | | | | |
|---------------|--------------------------|------------------|--------------------------|
| Public Member | <input type="checkbox"/> | Corporate Member | <input type="checkbox"/> |
| Life Member | <input type="checkbox"/> | Retired Member | <input type="checkbox"/> |

➤ **Robert L. Lawrence Distinguished Service Award**

- | | | | |
|--------|--------------------------|------------|--------------------------|
| Member | <input type="checkbox"/> | non-member | <input type="checkbox"/> |
|--------|--------------------------|------------|--------------------------|

➤ **Life Member Award (must be current SWANA member)**

➤ **Honorary Member Award**

- | | | | |
|------------|--------------------------|-------------|--------------------------|
| non-member | <input type="checkbox"/> | SWANA Staff | <input type="checkbox"/> |
|------------|--------------------------|-------------|--------------------------|

7. **Professional achievement award** -- please describe **contributions to the Association and Chapter and contributions to employing organization and the public in general.**

8. For nominees for the **Robert Lawrence Distinguished Service Award** -- please describe **contributions to the field of municipal solid waste management**, as well as **contributions to employing organization**.

9. For the **Life Member or Honorary Member Award**, complete items eight and nine. In addition, for the **Life Member Award** please discuss the individual's **long term involvement** in the field of municipal solid waste management; for the **Honorary Member Award** please discuss **continual and significant contribution to any area of environmental protection** (with preference in the solid waste management field), and **contribution to the fulfillment of SWANA's mission**.

Candidate nominated by (name, address and phone/fax number):

Please attach the appropriate information requested in items 7, 8 and/or 9. A resume should also be included.

PLEASE FORWARD BY MARCH 1ST TO SWANA:

**ATTN: KATHY CALLAGHAN, STAFF ADMINISTRATOR
AWARDS COMMITTEE
P.O. BOX 7219
Silver Spring, MD 20907-7219**

For further information please contact Kathy Callaghan at 240-494-2248