

**2012 NSLHA AWARDS NOMINATIONS FORM**  
**Deadline: August 3, 2012**

Nominee's Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Present Position: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

NSLHA/ASHA Award: \_\_\_\_\_

Why should this person be selected?

Person submitting nomination: \_\_\_\_\_  
Position: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Relation to Nominee \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date: \_\_\_\_\_

Please send nominations to:

Steve Kinkead  
Rehabvisions  
11623 Arbor Street  
Omaha, NE 68144  
[skinkead@rehabvisions.com](mailto:skinkead@rehabvisions.com)  
(800) 334-1919