

WISCONSIN DENTAL ASSOCIATION

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# DENTAL EXCELLENCE

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## Awards

### Nomination Form

Please Print:

Name of Nominee: \_\_\_\_\_ Day phone: \_\_\_\_\_

Nominee's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

***This nominee meets the criteria for the following category (check only one):***

- Lifetime Achievement (The WDA's highest honor)
- Communications
- Community Outreach
- Media Relations
- New Dentist Leadership
- Outstanding Leadership in Mentoring
- Political Action
- WDA Award of Honor
- WDA Foundation Philanthropic Award

**The following enclosures must be included with nomination:**

***Description of Nominee's Contributions***

On a separate piece of paper, please provide a description of your nominee's contributions. Explain why you think this individual, or group of individuals, meets the criteria for the category indicated above.

***Nominee's Curriculum Vitae or Resume***

If you are nominating someone for the WDA Lifetime Achievement Award, please send a current copy of your nominee's curriculum vitae or resume.

Submitted by:

Your name: \_\_\_\_\_ Day phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Nominations must be submitted to the WDA by **July 15** for consideration in the current calendar year. Complete nominations should be returned to [abastic@wda.org](mailto:abastic@wda.org) or by mail to:

Wisconsin Dental Association  
6767 W Washington St., Suite 2360  
West Allis, WI 53214

Nominees who are not selected will NOT automatically be considered the following year, but may be nominated again.