

WDA Pyramids of Pride 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)
- Community Outreach
- WDA Foundation Philanthropic Award
- Friends of Dentistry Award
- Media Awareness
- Media Relations
- New Dentist Leadership
- Outstanding Leadership in Mentoring
- Political Action
- WDA Award of Honor

The following enclosures must be included with nomination – incomplete nominations will be returned:

Description of Nominee's Contributions

On a separate piece of paper, please provide a description of the contributions made by your nominee. 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 provide 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 anytime to lbecker@wda.org or by mail to:

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

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