

WDA Pyramids of Pride Nomination Form

Please Print:

Name of Nominee: _____ Day phone: _____

Nominee's Address: _____

City: _____ State: _____ Zip: _____

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

Lifetime Achievement (The WDA's highest honor)

Community Outreach

Dental Care for Older Persons

Media Relations

New Dentist Leadership

Outstanding Leadership in Mentoring

Outstanding Service

Political Action

President's 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

Please provide a copy of your nominee's curriculum vitae or resume.

Submitted By:

Your name: _____ Day phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Nominations must be submitted to the WDA by **July 15**. Complete nominations should be returned to:

Wisconsin Dental Association, Inc.
6737 W. Washington St., Suite 2360
West Allis, WI 53214
Fax: 414-755-4115