



# Awards of Excellence Nomination Form

**This nomination is for:**

An Individual

Individual nominations must fill out Sections A, C, D, and F. If you are nominating on behalf of an individual, please fill out Sections A, C, D, E and F.

An Organization

Organization nominations must fill out Sections B, C, D, and F. If you are nominating on behalf of an organization, please fill out Sections B, C, D, E and F.

**Award category**

Choose the Award Category

(Individual)

- Consultant of the Year
- Lifetime Achievement Award (Voted online)
- Newcomer of the Year
- Program Leader of the Year (Non-Profit Sector – 501(c)(3))
- Program Leader of the Year (Private Sector)
- Program Leader of the Year (Public Sector)
- WBCM Inspiration Award

(Organization)

- Product/Service Provider of the Year (Voted online)
- Response and Recovery of the Year
- Team of the Year

**A. Nominee details section** (Individual being nominated for this award)

Name — Enter Nominee's first and last name here (as it should appear in print, projection, and on award if selected).

Organization — Enter Nominee's organization here, or indicate retired status

Job Title

Address 1

Address 2

City	State/Province	Zip/Postal Code	Country
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Nominee Email	DRI Certification(s)
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Daytime Phone	Evening Phone
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**B. Organization details section** (Organization being nominated for this award)

Organization Name — As it should appear in print, projection, and on award if selected.

Department or Team Name

Organization Contact Name

Address 1

Address 2

City	State/Province	Zip/Postal Code	Country
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Organization Contact Email	Daytime Phone	Evening Phone
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**C. Attendance**

Awards will be presented to organizations/individuals who must be in attendance at the gala. An exception may be granted to non-continental U.S. organization/individual representative who must submit an acceptance video.

I understand that attendance at the gala is required. However, non-continental U.S. organizations and individuals may submit an acceptance video to be considered.

**D. Alternate section**

In the case of illness, please designate an alternate to receive the award on your behalf.

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Alternate's Name — Enter Alternate's first and last name here

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Organization — Enter Alternate's organization here

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Alternate's Email

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Daytime Phone

Evening Phone

**E. Submitter details section**

If you are submitting a nomination on behalf of an individual/organization, please fill out this section. If you are submitting a nomination for yourself, you do not need to fill out this section.

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Name — Enter Submitter first and last name here

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Submitter Email

Daytime Phone

Evening Phone

**F: Submission essay** (max 1,000 words)

Write or copy and paste your submission essay here:

Please do not send any additional supplemental materials.

**BY CHECKING THIS BOX, I GIVE MY PERMISSION FOR DRI INTERNATIONAL TO USE THE INFORMATION SUBMITTED ON THIS FORM FOR PROMOTIONAL PURPOSES WITH REGARDS TO THE AWARDS OF EXCELLENCE.**