



OAD Conference Award Nomination

Name of nominee: _____

Address: _____
Street City State Zip Code E-mail Phone/Fax

Nominated by: _____

Address: _____
Street City State Zip Code E-mail Phone/Fax

Please provide details such as the nominee's background, experience, and involvement with Ohio's Deaf Community.

What position(s) has he/she taken to show that his/her leadership and contributions were recognized by members of his/her OAD regional group and the Deaf Community?

Explain briefly why you nominated him/her for an award?

If you have any questions or concerns about the OAD Conference Awards Nomination, please contact Linda Adams, Awards Chairperson at awards@oad-deaf.org. Please send all nomination form(s) to Linda Adams, OAD Awards Chairperson, at 124 Washington Avenue, Clyde, Ohio 43410 by the deadline date June 1, 2007.