



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 him /her taken during 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 Verne Taylor, Jr., Awards Chairperson at executivedirector@oad-deaf.org. Please send all nomination form(s) to Verne Taylor, Jr., OAD Awards Chairperson, at 14856 Alger Road, Cleveland, Ohio 44111 . The deadline date is June 30, 2011.