

New Jersey Association of the Deaf  
20th Biennial State Conference

**AWARDS NOMINATION FORM**

- Albert G. Barnabei Memorial Service Award
- Certificate of Appreciation
- Distinguished Service Award
- Humanitarian Award
- NJAD Service Award
- Certificate of Special Recognition
- Unsung Hero Award
- NAD Golden Hand Award

**Nominee Information:**

Is the nominee an:             Individual             Organization

Full name of Nominee  
\_\_\_\_\_

Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Nomination Section:** Please use the space below to describe the nominee and his/her contribution relevant to the criteria of the Award that you selected. Please print or type clearly. You may use additional paper.

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**Nominator Information:** All nominators must be **NJAD member** to make this nomination.

1) Full name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone: (     ) \_\_\_\_\_  TTY  Voice  Both  VP

Fax (     ) \_\_\_\_\_

Email: \_\_\_\_\_

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2) Full name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone (     ) \_\_\_\_\_  TTY  Voice  Both  VP

Fax (     ) \_\_\_\_\_

Email: \_\_\_\_\_

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3) Full name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone (     ) \_\_\_\_\_  TTY  Voice  Both  VP

Fax (     ) \_\_\_\_\_

Email: \_\_\_\_\_

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This form must be received by ..... No later than May 28, 2007

Attach this form and mail to: George Karras  
NJAD Awards Committee  
2104 Cedar Village Blvd  
East Brunswick NJ 08816

*For NJAD's Award Committee Use: Date Received:* \_\_\_\_\_

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