

**Gertrude E. Kopf/Charlotte Walter
Award of Recognition
Nomination Form**

- | |
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| 1. Complete this form electronically
2. Email this form to the Kopf Chair email address listed below |
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Name of Candidate: _____

Address of Candidate: _____

Telephone (office): _____ (home) _____ (cell) _____

Candidate's Employer: _____

Address of Employer: _____

Telephone (and extension): _____

Position(s) Held:	Number of Years

Candidate's Supervisor: _____

Supervisor's Address: _____

Telephone (office): _____ (home) _____ (cell) _____

Administrative Approval for Candidate to Attend PAEOP Conference:

Signature of Candidate's Supervisor

Candidate's Sponsor: _____

Sponsor's Address: _____

Telephone (office): _____ (home) _____ (cell) _____

Attachments: (Attach ONLY the specified materials)

- Three Letters of Recommendation
- Job Description
- PAEOP Membership Verification
- Nominee must be registered for the spring conference by March 17th.

Submit the Nomination packet electronically to:

Sheri D. Moyer, CEOE
smoyer@hbgsd.us