**Warren E. Schaller Distinguished Service Award**

NOMINATION FORM

**Name of nominee**: First and last name of nominee.

**Business/School**: Business or school the nominee currently works or attends

**Address**:Nominee address, including city, state and zip code

**Telephone**: Nominee best phone number.

**Email**: Nominee email address.

**Is nominee a current InSOPHE member?** [ ] Yes [ ]  No

**Nominating member**: Nominating member full name

**Business/School**: Business or school you currently work or attend.

**Address**: Nominating member address

**Telephone**: Nominating member phone number

**Email**: Nominating member email address

**Are you a current InSOPHE member?** [ ] Yes [ ]  No

**Nominations must include two (2) letters of support, one of which must be from the nominating member**. Nominations must be received by June 30th of each year.

**Please send the completed form and letters of support to:**

Board of Directors

Indiana Society for Public Health Education, Inc.

P. O. Box 44407

Indianapolis, IN 46244