

AAIDD Illinois Chapter

10th Annual Direct Support Professional Awards Nomination Form

Please type or print legibly

Nominee's Name	Position/Title
Organization	Office Address (include city, state and zip), Phone Number and E-Mail
# Of Years Affiliation With Organization	Educational Background
Information On Person Submitting Nomination Name: Position/Title: Contact Information (phone # <u>and</u> e-mail):	

Use the following space (or attach a typed summary) of why you are nominating this DSP for the Award (*include specific examples, and the significance, quality, and uniqueness of their contribution*):

Signature of Person submitting nomination: _____

Signature of Executive Director (required): _____

Nominations must be **received by March 31st, 2008**, and **signed by the Executive Director of the organization** to be considered by the DSP Awards Committee. **Please send nominations to:** Donna Ennis, CARC, 1044 S. Kedzie Chicago, IL 60655 Fax: (773) 429-0480