

NOMINATION FORM
TRADITION OF EXCELLENCE AWARDS 2009

NAME OF NOMINEE _____

ADDRESS _____

PHONE _____

NOMINATION CATEGORY _____

(Plaintiff, Defense, General Practitioner, Judge)

COMMENTS AND REASONS FOR NOMINATION:

(Please type or print as much information as possible **and** attach a biography, letter and any additional documentation that you would like the selection committee to consider.)

A) PROFESSIONAL:

B) CIVIC:

C) OTHER:

PLEASE RETURN TO:

Betty Simms
General Practice & Trial Section
104 Marietta Street, N.W.
Suite #650
Atlanta, Georgia 30303

***ALL NOMINATIONS MUST BE RECEIVED NO LATER THAN
MARCH 06, 2009***

SIGNATURE: _____