## NOMINATION FOR REGION STANDING SERVICE AWARD

Date:			
TO: Chair, Regior	n Awards Committee		
	hereby nomin	nates	
(Nominator – Individuals or (		<u>(Ne</u>	ominee)
for the following Reg	ion award	(as listed in the Awards Guide)	
Nominee's Biographi	ical Data:		
Name:			
Address (Line 1):			
Address (Line 2):			
City, State, Zip:			
Home Chapter:			
Date Joined CSI:			
	e be selected for this nted on the certificate		the nominator's suggested
This Nomination is h	ereby submitted this _	day of	
		Signature of Chapter President / I	Member in Good Standing
		Signature of Member in Good Sta	nding
		Signature of Member in Good Sta	nding

This nomination is made for the following reasons: (*This portion of the Nomination Package is limited to 4 type or hand written pages, 11 pitch, with 1" margins all around. It does not have to be double spaced*)
