Nomination Form

Nominator (person filling out this form)

Name: __________________________________________________________________________
Organization (optional): __________________________________________________________________________
Address (include City and Zip): __________________________________________________________________________
Email and Phone Number: __________________________________________________________________________
How did you hear about the Stewardship Awards? __________________________________________________________________________

Nominee (individual or group being nominated for award)

Name: __________________________________________________________________________
Organization (optional): __________________________________________________________________________
Address (include City and Zip): __________________________________________________________________________
Email and Phone Number: __________________________________________________________________________

Award Category (please select the one that best applies)

☐ Aquifer Advocate    ☐ Research/Education
☐ Innovation         ☐ Water Quality Protection

Reason for Nomination (please feel free to include additional pages, materials, or CDs with photos and/or PowerPoint presentations)

____________________________________________________________________________________
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Please submit this form and additional materials by Tues., Nov. 7, 2017 by:

Mail:  BSEACD, Attn: Awards, 1124 Regal Row, Austin, TX 78748.
Fax:   (512) 282-7016
E-mail: rhgary@bseacd.org