

PLEASE SUBMIT BY 1/31/20 TO INFO@LEADERSLINK.ORG

LeadersLink Disaster Leadership Award Nomination

Nominee Name: _____ Title: _____
City or County: _____

DISASTER			
<i>Location</i>		<i>Date</i>	
<i>Type of disaster</i>			
DESCRIPTION OF EVENT			
WHY NOMINEE DESERVES RECOGNITION			

Nominator Name _____ Date _____
Address _____ Email _____
City / State _____ Zip _____
Relationship to Nominee _____ Phone _____