

## THE ANNUAL ACTS OF KINDNESS AWARDS™

**Celebrating the Excellence in People!** 

April 8, 2016 Martin's West, Baltimore, MD 7:00PM – 11:00PM

## **NOMINATION FORM**

Entrants must be eighteen (18) years of age or older by date of entry.

Please complete this form and submit it along with the required supporting documentation noted below. The nomination submission period ends on October 5, 2015.

NOMINATOR:				
Prefix: First Name:		Last Name: Suffix:		
Employer:	Title:			
Business Address:				
City:				
Business Phone:	Mobile: _	Email:		
Relationship to Nominee(s):				
I wish to nominate the person/ (Limit one (1) entry per Award  AWARD CATEGORIES:		following award categor	ry:	
Humanitarian Awa	ard in Service Award	Good Samaritan Outstanding Cor	-S/Hero Award mmunity Service Award	
NOMINEE (If a group nomin	ation, please list key	contact person):		
Prefix: First Name:		Last Name:	Suffix:	
Name of Group:				
(If a group nomination)				

older?  YES  NO	i all other entrants, if a	group nomination) eighteen (18	) years of age or
Address:			
City:	State:	Zip Code:	
Phone:	Mobile:	Email:	
Best day/time to be contacted:			
How have you or the entrant(s) be specific examples. Attach additional additional actions are specific examples.		criteria for the selected award can needed.	tegory? Include
nomination.	n provided on this Non	nination Form is accurate. I he	ereby endorse the
Nominator's Signature:	Si	gnature	Date
Nominee's Signature:			
	Si	gnature	Date
*REQUIRED SUPPORTING (The deadline for materials from			
Nomination form Current biography Recent color photograp	h		

## **OTHER INFORMATION:**

 Send completed Nomination Form to: Accolade Celebrations, LLC Attn: Nominations 1177 Annapolis Road, Suite #517 Odenton, MD 21113  \*For details about the awards event, official rules, eligibility, submission requirements, the award prize, etc., please visit our website at <a href="www.accoladecelebrations.com">www.accoladecelebrations.com</a> or call (844) 9-AWARDS.