

**Wisconsin Optometric Association
Young Optometrist of the Year Award
Nomination Form**

Our Nominee is: _____

Office Address: _____

Home Address: _____

Office Phone:() _____ Home: () _____

Nominated by: _____

Office Address: _____

Society: _____

Information Needed

1. A **prepared statement** not exceeding two thousand words (500-600 recommended) should concisely list responses to the attached list of questions. Please type the statement, double-spaced, on 8.5" x 11" white paper.
2. Any supporting information and data to assist judges in their consideration of this nominee should be attached to this form.

Requirements

1. Nominee must be in active practice less than ten years.
2. Only WOA members are eligible.
3. **Completed** nomination entry forms and accompanying materials must be **received** by the WOA prior to April 1.

**Mail all materials to:
Young Optometrist of the Year Award
Wisconsin Optometric Association
6510 Grand Teton Plaza Suite 312
Madison, Wisconsin 53719**