



# Denver Awards Nomination Form

To submit, please save completed form and email or mail using the contact information below.

**Note:** The candidate's curriculum vitae must be sent via email or mail using the contact information below.

## Denver Award:

Barrett

Birks

Jenkins

## Nominee's Information:

First Name:

Last Name:

Organization:

Address:

City:

State/Province:

Zip/ Postal Code:

Country:

Phone:

Email:

## Major Accomplishments:

## Supporting Information:

**Nominator's Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/ Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**The Nomination must be endorsed by two others in addition to the nominator.**

**Endorser 1:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/ Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Endorser 2:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/ Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Submit:** Please save completed form and candidate's curriculum vitae and email or mail to:

Stephanie Jennings  
sjennings@icdd.com  
12 Campus Boulevard  
Newtown Square, PA 19073-3273 USA  
Phone: +610-325-9814

You will receive a confirmation of receipt via email within two weeks of submission. If you do not, please contact Stephanie Jennings at sjennings@icdd.com.