Key Contributor Award Nomination Form

Date: _____

Nominee: _____

Employer/Address: _____

Prior Employers: _____

Years in Workers Compensation field: _____

Describe Contributions (add additional page if necessary):

_____
_____
_____
_____
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_____
_____
_____
_____
_____
_____
_____
_____

Submitted by (Print Name): _____
Employer/Organization: _____
Phone Number: _____

Signature: _____

Nomination Criteria (must meet all listed)
1) Must be a past or present director, officer or member; or employed currently or previously by an organization that holds an NSIA membership. Position held with employer must have direct dealings with workers compensation.
2) Demonstrate significant contributions (committee participation, legislative participation, volunteer time and/or resources for special events, etc)
3) Good standing with the NSIA and in the workers compensation community.
4) Must be nominated by a current member, director or officer of NSIA.
5) Must be in the workers compensation profession in Nevada for a minimum of seven years.

Send completed form "PERSONAL & CONFIDENTIAL" to:
BRIGID WYSZOMIRSKI, Southern Chapter President, NSIA
c/o CCMSI Nevada, PO Box 35350, Las Vegas, NV 89133-5350
Email address: bwyszomirski@ccmsi.com