

NCATA AWARD NOMINATION FORM

Sports Medicine Person of the Year

Nominee Name: _____
Nominee Employer: _____
Nominee Address: _____ (work or home)
Nominee Phone: _____ (please circle: home work cell)
Nominee Email: _____

Sponsor Name: _____
NCATA Member? Yes No (must be an NCATA member in order to nominate)
Sponsor Phone: _____ (please circle: home work cell)
Sponsor Email: _____

Please include:

___ Letter of recommendation from sponsor

Please submit this form, along with all accompanying paperwork to:

Bill Griffin
3200 Northline Ave, Suite 200
PO Box 38008
Greensboro, NC 27438-8008
Phone: 336-544-3900 ext. 5808
Fax: 336-544-1193
Email: bgriffin@gsoortho.com