



2016 FLAGD ACHIEVEMENT AWARD NOMINATION FORM

Please consider this candidate for the following Membership Achievement Award:

- Lifetime Achievement Award
- Distinguished Service Award
- Humanitarian Award

Personal

Nominee: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home #: \_\_\_\_\_ Office #: \_\_\_\_\_  
Email address: \_\_\_\_\_

Description of Candidate's Qualifications

Briefly describe the works for which the individual is being nominated, and for which award.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use additional sheets if necessary

List of Nominees other honors and awards

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nomination submitted by:

Name: \_\_\_\_\_ AGD #: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email : \_\_\_\_\_

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