

GEORGIA SOCIETY OF RADIOLOGIC TECHNOLOGISTS, INC.
P.O. Box 767369 Roswell, GA 30076-7369

TECHNOLOGIST OF THE YEAR NOMINATION FORM

Nominee: _____

Street Address: _____

City/State/Zip: _____

Work Phone: _____ **Home Phone:** _____

Employer: _____ **Dept:** _____

Include as attachments to this nomination form the following items:

1. Explanation as to why this person should be named "Technologist of the Year".
 2. Professional Memberships
 3. Professional Contributions and Achievements
 4. Education
 5. Community and Civic involvement, past and/or present
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I certify to the best of my knowledge that all information enclosed with this nomination form is correct and factual.

Nominator: _____ **Phone:** _____

Address: _____

City/State/Zip: _____

NOTE: This application with attachments must be presented along with two additional copies and postmarked by April 1 to:

Georgia Society of Radiologic Technologists, Inc.
Executive Secretary/CFO
P.O. Box 767369
Roswell, GA 30076-7369

Office use only:

The GSRT Executive certifies that this applicant is in good standing with the GSRT, Inc.

Signed: _____ Date: _____