

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

TECHNOLOGIST OF THE YEAR NOMINATION FORM

Name: _____

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 & Civic involvement, past and/or present

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 March 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: _____
