

**#42 - 1736 Quebec Avenue Saskatoon, SK S7K 1V9** Phone: (306) 955-3399 Toll-Free: 1-888-565-3399

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## ROBERTA EKBERG AWARD NOMINATION FORM

The purpose of this award is to recognize outstanding, long standing commitment and contribution to furthering and promoting the vision, well being and interests of HSAS. One yearly award of \$500.00 will be given to the selected nominee.

Please note that the deadline for nominations is August 31st of the current nominating year and must be submitted to the HSAS Saskatoon office. Nominations will be accepted from any Executive Council member, Board of Governor, or general membership through an Executive Council member. The names of the nominee and nominator are required along with rationale for this recognition. Executive Council is responsible for the selection of the award winner from the list of nominees.

## **PLEASE PRINT**

| Section I - Nominee Information |   |                          |       |         |
|---------------------------------|---|--------------------------|-------|---------|
| Nominee:                        |   | Last                     | First | Initial |
|                                 |   | Last                     | First | inidai  |
|                                 |   | HSAS Member              |       |         |
|                                 |   | Other                    |       |         |
|                                 |   |                          |       |         |
|                                 |   |                          |       |         |
| Section II - Nom                |   |                          |       |         |
| Nominator:                      |   | Last                     | First | Initial |
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| Nomination Made T               | _ |                          |       |         |
|                                 |   | Executive Council Member |       |         |
|                                 |   | Board Of Governor        |       |         |
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|                                 |   |                          |       |         |
| Date Nomination Received:       |   |                          |       |         |
|                                 |   |                          |       |         |
|                                 |   |                          |       |         |
|                                 |   |                          |       |         |
| Recognition Rationale:          |   |                          |       |         |
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