NOMINATION FORM FOR
INDIANA PARALEGAL ASSOCIATION, INC.
2020 PARALEGAL AWARDS

Please <u>circle</u> the award for which you are nominating:

Paralegal of the Year

Lifetime Achievement

Outstanding New Member of the Year

Employer of the Year

Outstanding Board Member of the Year

Name of Nominee: _____

Address: _____

City:_____ State:_____ Zip Code: _____

Telephone:_____ E-mail: _____

Please describe why you believe the nominee meets the criteria for the selected award.

Name of Person Submitting Nomination: _____

Address: _____

City:_____ State:_____ Zip Code: _____

Telephone:_____ E-mail: _____

Please complete and submit this form to Everlla H. Savage, IRP, IPA Vice-President, **<u>no later than Monday, May 25, 2020</u>** via e-mail vicepresident@indianaparalegals.org or by Fax at (317) 637-0710.