**NOMINATION FORM FOR**

**INDIANA PARALEGAL ASSOCIATION, INC.**

**2017-18 PARALEGAL AWARDS**

Please circle the award for which you are nominating:

Paralegal of the Year

Outstanding New Member of the Year

Outstanding Board Member of the Year

Lifetime Achievement

Employer 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 **no later than ,** to: Linda McGirr, IPA Vice-President, by e-mail. Linda.McGirr@btlaw.com or by Fax. (317) 231-7433.