

**EMPA of the Year Nomination Form****Submitter Information:**

Name:	<input type="text"/>	Member Number: (if known)	<input type="text"/>
Email:	<input type="text"/>	Phone:	<input type="text"/>

**Nominee Information:**

Name:	<input type="text"/>	Member Number: (if known)	<input type="text"/>
Address:	<input type="text"/>	Phone:	<input type="text"/>
		Email:	<input type="text"/>

Please tell us why you think the nominee should be considered by SEMPA to be selected as the EMPA of the Year. Please provide as much specific information and examples as possible. You may submit supporting documentation, i.e. articles, pictures, etc.

Signature: \_\_\_\_\_ Date:

Or

Electronic Signature: