

South Carolina Autism Society

2007 Award Nomination Form

Person making nomination:

Your name _____

Address _____

City / State / Zip _____

Telephone _____

Award Categories (check one):

- Sibling Advocate
- Teacher of the Year
- Volunteer of the Year
- Regional Consultant of the Year
- Regional Director of the Year
- Professional of the Year
- Residential Staff Person of the Year
- Service Coordinator of the Year
- Employer of the Year
- Employee of the Year
- Presidential Citation
- Other : Special Recognition (You create the award) _____

Award Nominee's Name _____

Address _____

City/ State/ Zip _____

Telephone _____

Is nominee a member of the South Carolina Autism Society ? _____

Please print or type on a separate sheet in 150 words or less why this nominee deserves special recognition.

Nominations will not be accepted after September 20, 2007

Return completed form to: SCAS, 652 806 12th Street, West Columbia, SC 29169 or email to scas@scautism.org or fax to 803-750-8121

This form is also available on our website at www.scautism.org