

Award Recipient Biography

Please return to MWEA by April 1st

◆ **Email:** mwea@mi-wea.org ◆ **Mail:** PO Box 397, Bath, MI 48808 ◆ **Fax:** 517-641-7388
(Note: The fillable PDF version of this form is available on the MWEA website under Awards)

Name of Award: _____

Name: _____ **Phonetic Pronunciation:** _____

Address: _____ **City, State Zip** _____

Phone: _____ **Email:** _____

Select ONE:

- I plan to attend ONLY the Awards Ceremony
- I plan to attend the Full Conference
- I am *unable* to attend the Conference or the Awards Ceremony

CURRENT Organization/Company: _____

Location: _____ **Title:** _____

Duties/Responsibilities: _____

Supervisor: _____ **Contact #:** _____

Number of Years in this Position: _____ **Number of Years with this Company:** _____

PREVIOUS Organization/Company: _____

Location: _____ **Title:** _____

Duties/Responsibilities: _____

Number of Years in this Position: _____ **Number of Years with this Company:** _____

Licenses or Certifications: _____

Accomplishments: _____

Awards: _____

College(s): _____

Degree(s): _____

Member of: _____

Family: _____

Hobbies: _____

Local Newspaper(s)/contact info: _____

(if you'd like us to send a press release)

(Use reverse side or additional paper if needed for any of the sections)