

SLAP LIFETIME ACHIEVEMENT NOMINATION FORM

(If the Award is to be made posthumously please fill fields 1 and 8 only)

1.Full Name of the Nominee:	
2. Date of Birth (to verify age):	
3. Home Address :	
4. Phone :	Fax :
E-mail :	
5. Business Address :	
6. Business phone :	Fax :
E-mail :	
7. Is nominee aware of this nomination? () Yes () No	
8. <u>If the Award is to be made posthumously:</u>	
Date of Birth (If known) :	Year of Death:
Name of a close relative or a former employer who could accept the Award:	
His/her contact details:	

Documents Attached:

- Resume of the Nominee
- Proposal in narrative form justifying the nomination with details under each selection criteria 1 – 8 wherever applicable

Name of the Proposer:

Company & Address :.....

.....SLAP Membership No.....

Land line :.....Mobile:..... Email:

.....
Signature of Proposer

.....
Date

This form is to be sent to the Committee Chairman, SLAP Lifetime Achievement Award, Sri Lanka Association of Printers, 21, Mulleriyawa Road, Thaladena, Malabe, together with attachments.