

# Regional Education Awards Nomination Form



AMERICAN SOCIETY OF  
ANESTHESIA TECHNOLOGISTS  
AND TECHNICIANS

The annual awards will be presented to recipients in each of the ASATT Regions during the business meeting held at the Annual Educational Conference. The award recognizes the continued dedication in sponsoring, promoting and furthering education programs, thus advancing professionalism among the anesthesia technicians and technologists within each of the ASATT Regions. It also acknowledges continued support of the American Society of Anesthesia Technologists a Technician.

As a member of the Society, you may nominate a person, facility or company who in your judgment has sponsored, promoted or furthered Continuing Education Programs thus advancing the professionalism among the anesthesia technologists and technicians within your ASATT Region.

- This award is given in recognition of continued dedication in sponsoring, promoting and furthering education for anesthesia technology professionals.
- Seven awards will be presented each year at the Annual Business Meeting — one award for each Region.
- Recipients will be nominated in each Region by the membership.
- Nominations will be sent to each Regional Director.
- The final selection in each Region will be made by the Regional Director and the President and/ or the President-Elect.
- Recipients will be acknowledged at the Annual Business Meeting of the Membership.

## Criteria for Nominations

- Nominees must live and work in the Region in which they are nominated.
- Nominees must sponsor, promote or further education for anesthesia technicians in their Region.
- Nominations can be for an individual, a facility or a company.

**I would like to nominate the following person, facility or company located within my ASATT Region:**

Name: \_\_\_\_\_ Region No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please explain why you feel the above person, facility or company is qualified for this award.

Qualifications:

Your Name: \_\_\_\_\_ ASATT Member Number \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Nomination forms must be received at ASATT Headquarters no later than July 1.

*Send your nomination to ASATT Headquarters and it will be forwarded to the Regional Director.*