



GEORGIA SOCIETY OF RADIOLOGIC TECHNOLOGISTS, INC.
P.O. Box 767369, Roswell, GA 30076-7369

TECHNOLOGIST OF THE YEAR NOMINATION FORM

Name of Nominee: _____

Street Address: _____

City/State/Zip: _____

Work Phone #: _____ Home/Cell Phone #: _____

Employer: _____ Dept.: _____

Include as attachments to this nomination form the following items.

1. Explanation as to why this person should be named "Technologist of the Year".
2. Professional Memberships.
3. Professional Contributions and Achievements.
4. Education
5. Community & Civic involvement, past and/or present

I certify to the best of my knowledge that all information enclosed with this nomination form is correct and factual.

Nominator: _____ Phone #: _____

Address: _____

City/State/Zip: _____

NOTE: This application (with attachments) must be presented along with two additional copies and postmarked by March 31 to:

Georgia Society of Radiologic Technologists, Inc.
Technologist of the Year Nomination
P.O. Box 767369
Roswell, GA 30076-7369

Office use only: Applicant is in good standing with the GSRT, Inc. ____ Yes ____ No