



**VETERINARY MEDICAL ASSOCIATION OF NEW YORK CITY, INC.**

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## **2018 AWARDS FORM**

Submission Deadline – February 28, 2018

Name of School: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Candidates Name: \_\_\_\_\_

Reason for Nomination:

We would like to have the VMANYC Award presented to our candidate on:

Date and Time: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Location: \_\_\_\_\_

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