

YOUR NOMINATION FOR THE PUBLIC LIBRARIAN OF THE YEAR AWARD OR EXCELLENCE IN SERVICE AWARD

Librarian of the Year Excellence in Service Award Not Sure

Name of Nominee: _____

Library Branch or Department: _____

Island: _____

Nominee's Position (if known): _____

ABOUT YOU

Name: _____

Address: _____

City: _____ Zip: _____

Contact Phone: _____

Email (optional): _____

NOMINATION STATEMENT:

Please tell us why your nominee deserves to be honored _____

**Mail in your completed nomination forms by
July 31, 2011**

friends@friendsofthelibraryofhawaii.org

phone: 536.4174 fax: 536.5232

(one nomination per form)