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|  | **Bill Zalud Memorial Award for Professional Excellence** **Nomination Form – 2019****Nominations Open: June 1st*****Deadline: October 31st, 2019*** |



 **Are you nominating an individual? \_\_\_\_\_\_**

 **Are you nominating an entire security department? \_\_\_\_\_\_**

***(make only one selection)***

# Security Professional or Department Contact Information

|  |  |
| --- | --- |
| Date |  |
| Point of Contact |  |
| Title |  |
| Company |  |
| Address |  |
| Suite/Unit |  |
| City/State/Province |  |
| Email |  |
| Telephone |  |

**Security Department Qualifications**

|  |  |
| --- | --- |
| Security Department has been in operation for how many years?How long has the nominee been with the department? |  |
|  Nature of business: |  |
| How many employees within the department? |  |
| Highest level of education of the department or the nominee: |  |
| Level of education of nominee or the level of education of the department: |  |
| Description of in-service training. Indicate which IFPO Programs utilized. Description of professional excellence: |  |
| Description of compensation or reward for completion of program: |  |
| Professional certifications offered or encouraged Within the department:within D |  |

I hereby nominate the following security professional or security department because:

# Nominators Information

|  |  |
| --- | --- |
| Your Name |  |
| Title |  |
| Company |  |
| Address |  |
| Suite/Unit |  |
| City/State/Zip |  |
| Telephone |  |
| Email |  |

Deadline: October 31, 2019

Email completed form to: sandidavies@ifpo.org