



American Parkinson Disease Association

*Oklahoma Chapter*

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**Jenny Johnson, CTRS, Executive Director, APDA I&R Center**

# Award Nomination Form

**Date:** \_\_\_\_\_

**Name of person making nomination:** \_\_\_\_\_

**Nominee:** \_\_\_\_\_

**Award you are nominating them for:**                      **Advocacy**                      **Service**

**Is this person aware you are making this nomination?** \_\_\_\_\_

**Explain why you believe this person is deserving of this award.**

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**Signature:** \_\_\_\_\_