



EWRI Awards Nomination Form

Award Name: _____

Name of Intended Recipient

First Name: _____ Last Name: _____

Address

Street Address:

Address Line 2:

City: _____ State: _____

Postal / Zip Code: _____ Country: _____

Recipient Email: _____

Recipient Birth Date (Format MM / DD/ YYYY): _____

Provide information about Professional Licensure (P.E. – Primary): _____

License State: _____

License Year: _____

ASCE Member Grade: _____

Suggested Citation (not to exceed 40 words):

Additional Author and Author Addresses Information:

.....
Nominated by

First Name: _____ Last Name: _____

Phone Number (format XXX-XXX-XXXX):

Email: _____

Date (Format MM / DD/ YYYY):