

## ILLINOIS ADMINISTRATOR OF THE YEAR AWARD APPLICATION

If you feel your administrator supports you with your continuing education and Dietary Managers Association membership, you may nominate him or her for the Dietary Managers Association Administrator of the Year.

Administrator Name:

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Facility/Business Name and Address:

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Facility/Business Phone Number:

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YOUR Name:

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YOUR DMA Member #: \_\_\_\_\_ YOUR Home Number: \_\_\_\_\_

YOUR e-mail address: \_\_\_\_\_

Please explain why you think your administrator should be named the "Administrator of the Year."

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Return application by Date to  
Current President  
Address  
Email address