



## JOHN M. RUSSI NOMINATION FORM

### AGENCY INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CONTACT: \_\_\_\_\_

CONTACT E-MAIL: \_\_\_\_\_

### NOMINEE INFORMATION

NAME: \_\_\_\_\_

YEARS IN INDUSTRY: \_\_\_\_\_ YEARS WITH AGENCY \_\_\_\_\_

REASON FOR NOMINATION: \_\_\_\_\_

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*Please attach supporting documentation to this nomination form*

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