ARKANSAS TRIAL COURT ADMINISTRATORS ASSOCIATION
AWARD OF EXCELLENCE NOMINATION FORM

Name of Nominee_____

Address_____

City_____ Zip_____

Phone_____ Email_____

Please tell us why the above TCA should be the Award of Excellence recipient.

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Signature Print Name Phone

Please mail to: ATCAA AOE, Shannon Robinson, 401 West Markham, Suite 410, Little Rock, AR 72201
Forms must be received by March 1st.

For Office Use Only
Date Received_____ Eligible ___ Yes ___ No Date of Notification_____
Notes:_____