



MEDALLION AWARD

Secretary of State Information

Secretary of State/Lt. Governor: _____

State: _____

Address (*No P.O. Boxes*): _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Email: _____

Award Recipient Information

Name of Recipient: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

Basis for Selection: _____

Proposed Date & Location of Award Presentation: _____

Ship To: Secretary of State/Lt. Governor Award Recipient Address

Award Options:

Option 1: Mount award on 7" x 9" plaque with engraving (approx. \$75)

Option 2: Mount award on 7" x 9" plaque *without* engraving (approx. \$55)

Option 3: *Do not* mount award on plaque (coin only - approx. \$30)

Engraving:

If you selected Option 1 above, please indicate in the space below what you would like the engraving to say.

Engraving plate is about 2 inches long.

Certification:

I hereby certify that the above named recipient has established a record of achievement in accordance with the goals and ideals of the National Association of Secretaries of State and this awards program, and I affirm that the NASS Medallion will be presented in accordance with the program's guidelines

Date: _____ Signature: _____

Secretary of State/Lt. Governor

Email this form to Brittany Hamilton at bhamilton@nass.org