



**AMERICAN ASSOCIATION
OF ZOO KEEPERS**

Director/Curator Signature Page

By signing this document, you are acknowledging that you have been made aware of this nomination and verify that the information in the form is correct.

AWARD

NOMINEE

FACILITY

TO BE COMPLETED BY FACILITY DIRECTOR/CURATOR
I endorse the nomination and accomplishments herein of the nominee.

SIGNATURE

PRINTED NAME

DATE



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