**Maine** **Association** **of** **Health,** **Physical** **Education,** **Recreation** **&** **Dance**

**Make** **a** **Difference** **Award**

**Honor** **a** **colleague,** **outstanding** **professional** **or** **a** **family** **member!**

Do you know someone whom you would like to recognize for their influence, support and/or caring in your life or career? The **MAHPERD** **Make** **A** **Difference** **Award** is an opportunity for you to thank someone who has made a difference in your life and/or career or perhaps show appreciation for his/her contribution to the profession.

Each award cost $10.00. This award will be presented at the annual Maine AHPERD conference. We can

also send the certificate by mail. Won’t you honor someone today who is deserving of this important recognition?

**Award** **to:**

First Name:

(the recipient’s name as you want it to appear on the certificate)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certificate:** Please provide the words to be printed on the certificate

**Acknowledged** **by:** (your name as you want it to appear on the certificate)

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment: Make check payable to: MaineAHPERD **TOTAL** **PAYMENT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submission Deadline: One week prior to the conference

**Mail** **this** **form** **with** **payment** **to:** **Deb Smith**

**201 Bradley Street**

**Portland, ME 04102**