



PROMOTE MY PROFESSION CONTEST

Name:

Phone #: (office)

(home)

Email Address:

Short Description of Event (please include the date the event was held):

Please note that in order to qualify for entry in the Promote my Profession Contest, you must be a member of the NBASW and you must provide proof (e.g. a video or image of the event or activity) with the submission of this form to Isabelle Agnew at iagnew@nbasw-atsnb.ca