Program/Facility Nominated:
________________________________________________________________________________________________________

Category (select only one):  
- Collection System  
- Landfill Management  
- Landfill Reuse  
- Communication  
- Education  
- Recycling  
- Transfer Station  
- Composting  
- Landfill Gas Control  
- Landfill Gas Utilization  
- Waste-to-Energy  
- Marketing  
- Integrated Solid Waste Management Systems  
- Special Waste

Contact Person Name & Title:
_______________________________________________________________________________________________

Address:
_______________________________________________________________________________________________

City, State, Zip/ Province, Postal Code:
_______________________________________________________________________________________________

Phone #: ___________________________________________ Fax #: ________________________________________

Email: __________________________________________________

Application submitted by (if different than information listed above):

Name: __________________________________________________ Phone #: ______________________________

Email: __________________________________________________

If selected for an award, how would you like the name of the organization to read on the award (limit of 50 characters)?
_______________________________________________________________________________________________

Application Checklist (Please make sure the following items are included in your submittal packet):

- Award Application Form (This Form)
- Entry meeting the SWANA National application requirements for the category selected (www.swana.org).
- **There is NO APPLICATION FEE for Georgia Chapter Award Submittals.**
- Entries shall consist of **ONE** electronic copy of your application in a pdf format.
- Applications should be mailed to:
  SWANA – Georgia Chapter  
  ATTN: Stephanie Hubbard  
  823 Prada Court  
  Lawrenceville, GA 30043  
  email: georgiaswana@gmail.com  
  phone: (770) 822-9308

Release Statement: I certify that the information provided in this application is accurate and correct to the best of my knowledge. SWANA – Georgia Chapter reserves the right to publish the enclosed information. Nominations become the property of SWANA – Georgia Chapter. My signature gives SWANA the right to reprint or make available for purchase any portion of this submittal.

Signature: _____________________________ Date: _____________________________

All Entries Must Be Postmarked by August 31st.
For your convenience, an electronic version of this form may be downloaded at www.gaswana.org