



**INTERNATIONAL
FOUNDATION FOR
PROTECTION OFFICERS**
Knowledge to Protect



**Bill Zalud Memorial
Award for Professional
Excellence**

Nomination Form – 2017
Deadline: October 31st, 2017



Are you nominating an individual? _____
Are you nominating an entire security department? _____
(make only one selection)

Security Professional or Department Contact Information

Date	
Point of Contact	
Title	
Company	
Address	
Suite/Unit	
City/State/Province	
Email	
Telephone	

Security Department Qualifications

<p>Security Department has been in operation for how many years? How long has the nominee been with the department?</p>	
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Nature of business:	
How many employees within the department?	
Highest level of education of the department or the nominee:	
Average level of education of nominee or the level of education of the department:	
Description of in-service training. Indicate which IFPO Programs utilized. Description of professional excellence:	
Description of compensation or reward for completion of program:	

Professional certifications offered or encouraged within the department:	
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I hereby nominate the following security professional or security department because:	
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Nominators Information

Your Name	
Title	
Company	
Address	
Suite/Unit	
City/State/Zip	
Telephone	
Email	

Deadline: October 31, 2017

Email completed form to: sandidavies@ifpo.org