

# THE 65<sup>TH</sup> ANNUAL WILL G. FARRELL PUBLIC SERVICE AWARD & LEADERS RECOGNITION LUNCHEON



The Los Angeles-Pasadena Chapter of the FSP & NAIFA-Los Angeles  
Proudly Announce the Opening of Nominations for the Annual Will G. Farrell Public Service Award  
**Nomination Form – 2020 Will G. Farrell Public Service Award**  
*Thursday, February 20, 2020 – Noon Luncheon and Awards Ceremony - 11:00 a.m. Opening of Registration*

**Criteria:** The Will G. Farrell Trophy may be awarded only once each year to a member of the life insurance industry in Southern California or someone closely associated with the life insurance industry in the State of California who is distinguished in her/his own industry and who has demonstrated unselfish service to others in and out of the industry. Only members in good standing of the Los Angeles-Pasadena County Chapter of the Society of FSP or NAIFA Los Angeles may nominate a candidate.

**Fax this form to 818-349-3439 or email to [janet@naifala.org](mailto:janet@naifala.org) by January 14, 2020. You must complete the required fields as requested or the nomination of your candidate will be jeopardized. **DO NOT** submit the nomination form by any other method, it will not be accepted. **DO NOT** copy via fax or email to any other person, company or entity as this will compromise the confidentiality of your Nominated Candidate and the integrity of the Award. Nominations rules as shown on this form must be followed or the candidate of your choice will not be considered. Nominations are kept in the strictest confidence. The Recipient is chosen by a Selection Committee, Protocols, Rules & Regulations are on file at the host organizations and follow the necessary regulatory laws for Awards. For further information, contact NAIFA-Los Angeles at [janet@naifala.org](mailto:janet@naifala.org).**

I nominate the following person connected with the insurance industry and the community:

**Biographic details must be listed on this form. PROVIDE the candidate's Industry History, Community Service Involvement, & Brief Bio on the BACK of this form or on another page. Attach more sheets if needed.**

Name of candidate: \_\_\_\_\_

Company: \_\_\_\_\_

Email of Candidate: \_\_\_\_\_

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

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

Phones: (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Your Name & Phone Number: \_\_\_\_\_

Your email: \_\_\_\_\_



Presented by the National Association of Insurance and Financial Advisors, Los Angeles and the LA-Pasadena Chapter of the Society of Financial Service Professionals