

State of California
Department of Pesticide Regulation
Cal/EPA

Nomination Form for IPM Innovator Award

Candidate

Organization: _____

1(a). Contact person for the organization being nominated

Name: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

1(b). Person submitting nomination

Name: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

2. Describe how the organization demonstrates leadership and creativity in IPM

