



LSRT Facility Recognition Form

1. Name and location of facility requesting to be recognized: _____

2. Reasons you feel facility should be recognized (min of 100 words and max of 500): _____

3. Names of specific technologists and administration to recognize: _____

4. Reasons you feel technologist(s)/administration should be recognized (min of 100 words and max of 500): _____

5. Name submitting the form: _____

6. LSRT member number: _____

7. Current email address: _____