



AUTHORIZED ALTERNATE SUBMITTER

As an employee of \_\_\_\_\_, I authorize  
Name of Submitting Organization

\_\_\_\_\_ of \_\_\_\_\_ to apply for an  
Name of Alternate Submitter Name of Alternate Submitter's Organization

ATD Dallas Axis Award on our behalf.

He/she may answer questions and provide information requested by the Axis Awards judging panel in consideration of our application.

I understand that I may also need to answer questions regarding this application and am willing to provide additional information where necessary in support of it.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please complete this form and email it to: [axis@tddallas.org](mailto:axis@tddallas.org).