



2019 AWARD NOMINATION FORM

Nominee Full Name

Title (if applicable)

Organization (if applicable)

Address

City, State, Zip

E-Mail

Phone

Nominator Full Name

Relationship to Nominee

Title

Organization

Address

City, State, Zip

E-Mail

Phone

Please save this completed form and submit with a nomination statement and additional supporting material including letters, articles, editorials, columns, videos, photos, etc. (online links are also acceptable) to MemberServices@cwla.org.