ANNA QUINDLEN 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.