



2011

\*\*\* "Fax" "Email" or "Mail" this application

"Healthy Loving is Healthy Living"

Please check one of the below options to indicate the type of nomination

\_\_\_\_ Nomination for: 20/20 Leading Women Society Award (20 years or more)

\_\_\_\_ Nomination for: 20/20 Leading Women Society (20 years or less)

\*\*\*Directions for completing the "Fax or Mail" application after you print it out:

- a. Make sure you have the application that indicates for Fax or Mail on the top of this application
- b. If sending this form by fax or mail, please Nominator (and/or Nominee if possible) must print, sign your name(s) – include date at the end of the application.

**Nominee Information**

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_



**Racial or Ethnic Group**

- American Indian/Alaskan       Asian/Pacific Islander       Black/African American
- Hispanic/Latino       White/Caucasian       Other

**Gender**

- Female       MTF

# 2020 LEADING WOMEN'S SOCIETY

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1. Describe the nominee's involvement/ relationship with HIV-positive women in your community.  
(Please feel free to attach separate sheet with answers if more space is needed.)


2. Describe the nominee's involvement with any Community Base Organizations, AIDS Service Organization, Planning and/or Advocacy Bodies, etc.


3. What are the nominee's greatest strengths as a leader?


2020  
LEADING WOMEN'S  
SOCIETY

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4. Tell us more about the nominee's special skills and/or hobbies.


5. Why should the nominee be chosen as a 20/20 Leading Women Society honoree?


6. Is there anything else you want us to know that makes the nominee a good candidate for being honored?


# 2020 LEADING WOMEN'S SOCIETY

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7. Will the nominee be available to attend the events on October 21-23?

Yes	
No	
Unsure	

8. Please list 2 references who can talk about the nominee's skills and leadership

Reference #1	
Name	
E-Mail Address	
Phone Number	
Preferred Time to Call	
Reference #2	
Name	
E-Mail Address	
Phone Number	
Preferred Time to Call	

**\*\*Please confirm your acknowledgement as the nominee on this application by signing below.**

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Print Name Sign Name Date

**\*\*Please confirm that you are the Nominator of the nominee by printing and signing below.**

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Print Name Sign Name Date

***Important Note:***

***We will be accepting nominations until Saturday, July 15, 2011. If you are not able to get a signature by the nominee, please have them e-mail Del'Rosa Winston as an acknowledgement that they have been nominated as 20/20 LWS Awards Recipient.***

***Mail the completed application to the 20/20Leading Women Society Awards Coordinator, Del'Rosa Winston to P.O Box 10558 Atlanta, GA 30310 or Fax to 404-254-4911.***

***The nominee will receive a confirmation e-mail/telephone call no later than July 30, 2011, close of business to inform them that we have received the nomination application.***



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*If you have questions, or need more information, please call Del'Rosa at 404-254-4734.*

Confidentiality Notice:

This communication, and any files attached, contains confidential information that may be privileged. The information is intended only for the use of the individual(s) or entity to which it is addressed. If you are not the intended recipient, any disclosure, distribution or the taking of any action in reliance upon this communication is prohibited and may be unlawful. Thank you.