



2020 WINspiration Award Nomination Form

Nominee's Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Years in Industry: _____

WIN and/or ARDA committees/boards, etc. nominee has served on:

Examples of philanthropic service:

Examples of leadership:

Please share contributions made to or support of WIN:

Nominator's Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

Email or fax application to clacey@arda.org or 202-289-8544.