



2011 Best LGBT Lawyers Under 40 Nomination Form

Nominee Information:

Name:

Firm/Organization:

Title:

Mailing Address:

City, ST ZIP:

Phone Number:

Email Address:

Date of Birth:

Age:

Optional: To your knowledge, does the nominee identify as any of the following?:

_____ Racial or Ethnic Minority

_____ Female

_____ Transgender

_____ Person with Disability

_____ Other:

Nominator Information:

Name:

Firm/Organization:

Title:

Mailing Address:

City, ST ZIP:

Phone Number:

Email Address:

Relationship to Nominee: