



## 2010 Best LGBT Lawyers Under 40 Nomination Form

<b>Nominee Information:</b>	<b>Nominator Information:</b>
<p>Name:</p> <p>Firm/Organization:</p> <p>Title:</p> <p>Mailing Address:</p> <p>City, ST ZIP:</p> <p>Phone Number:</p> <p>Email Address:</p> <p>Date of Birth:                      Age:</p> <p><b><u>Optional:</u></b> To your knowledge, does the nominee identify as any of the following?:</p> <p>_____ Racial or Ethnic Minority</p> <p>_____ Female</p> <p>_____ Transgender</p> <p>_____ Person with Disability</p> <p>_____ Other:</p>	<p>Name:</p> <p>Firm/Organization:</p> <p>Title:</p> <p>Mailing Address:</p> <p>City, ST ZIP:</p> <p>Phone Number:</p> <p>Email Address:</p> <p>Relationship to Nominee:</p>