



## 2009 NOMINATION INFORMATION

Complete and return this form by **July 1, 2009** with no more than five typed (double-spaced) pages to:

**Governor's Office for Women's Initiatives and Outreach**  
77 South High Street, 30th Floor  
Columbus, Ohio 43215  
**(614) 466-2718**  
women.policy@governor.ohio.gov

Nominee \_\_\_\_\_ County \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Fax \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Fax \_\_\_\_\_

Date of Birth \_\_\_\_\_ If Deceased, Date of Death \_\_\_\_\_

Number of Years of Ohio Residency \_\_\_\_\_

Nominator \_\_\_\_\_

Organization, If Applicable \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Fax \_\_\_\_\_

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**We, the undersigned, do hereby swear the information contained in this nomination is, to the best of our knowledge and understanding, accurate and truthful.**

**NOMINEE ONLY – If selected for induction into The Ohio Women's Hall of Fame for 2009, I shall accept.**

Signature of Nominee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Nominator \_\_\_\_\_ Date \_\_\_\_\_

**NO MORE THAN FIVE PAGES WILL BE REVIEWED FOR EACH NOMINATION**