



NOMINATION FORM

36TH ANNUAL ANN KLEIN ADVOCATE AWARDS

OCTOBER 24, 2024

THE WILSHIRE GRAND, WEST ORANGE, NJ

Nominee: _____

Company: _____ Title: _____

Address : _____

Phone: _____ Fax: _____ Email: _____

Nominator: _____

Relationship to nominee: _____

Company: _____ Title: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Summary of nominee's achievements and contributions as an advocate for people living with disabilities and/or vulnerable populations:

(Attach additional pages if necessary)

Explanation of why nominee is worthy of receiving an Ann Klein Advocate Award: *(Attach additional pages if necessary)*

Other supporting information: *(Attach additional pages if necessary)*

Please mail letters of nomination by May 1, 2024 to:

Ann Klein Advocate Awards Committee, c/o Community Health Law Project, 185 Valley Street, South Orange, NJ 07079

-Or-via email to Stacy Timko @ stimko@chlp.org

Telephone: (973) 275-1175 / FAX: (973) 275-5210 / TTY: (973) 275-1721