



NOMINATION FORM
35TH ANNUAL ANN KLEIN ADVOCATE AWARDS
OCTOBER 26, 2023
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, 2023 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