

## Nomination Form

### *Best Lawyers®*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Subspecialty: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Country: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Subspecialty: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Country: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Subspecialty: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Country: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Nominator:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Firm:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Location:** \_\_\_\_\_  
**Title:** \_\_\_\_\_

You may e-mail your nominations to:  
[nominations@bestlawyers.com](mailto:nominations@bestlawyers.com)

You may fax your nominations to:  
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(803) 641-4794