

2020 EDITION

Best Lawyers®

NOMINATION FORM

NOMINEE #1 INFORMATION

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

NOMINEE #2 INFORMATION

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

NOMINEE #3 INFORMATION

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

NOMINEE #4 INFORMATION

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

NOMINEE #5 INFORMATION

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

NOMINATOR'S INFORMATION

First Name: Last Name: Suffix:
Firm Name:
Location: Title:
Phone: Email:

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