

2018 EDITION

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# 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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