

The 2005 World Ability Awards Nomination Form



Each year, hundreds of leaders join together for a formal black-tie gala celebrating the extraordinary accomplishments within the "ability industry" worldwide.

Each year, thousands of nominations are submitted for individuals or organizations that have made an extraordinary impact on the lives of people with a disability.

This year, get involved. Make your vote count. Help shape the industry. Please complete this form to submit your nomination for this prestigious international award.

Nominator (optional) Check here if you wish to remain anonymous

Name		Phone
Company/Organization		Email

Note: Self Nominations are perfectly acceptable

Nominee The nominee is an: Individual Organization Other

Name		Phone
Company/Organization		Email
Address		Website
City	State	Zip Code
Postal Code	Country	

Nominee Contact Person (if known) please provide as much information about the contact person as possible

Name		Phone
Company/Organization		Email
Address		Website
City	State	Zip Code
Postal Code	Country	

Note: Nominees will be contacted and asked to provide for our judges any additional materials (i.e. Media Kits, Brochures, Videos, Product Samples, etc.)

In which of the following categories do you feel your nominee should earn an award? See detailed descriptions of each award at worldabilityfederation.com

- | | | |
|--|--|--|
| <input type="checkbox"/> Communications | <input type="checkbox"/> Housing or Residence | <input type="checkbox"/> Organization In a Supporting Role |
| <input type="checkbox"/> Community Program | <input type="checkbox"/> Individual | <input type="checkbox"/> Product or Technology |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Individual In a Supporting Role | <input type="checkbox"/> Publication or Website |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Inspirational | <input type="checkbox"/> Research |
| <input type="checkbox"/> Fund | <input type="checkbox"/> Legendary | <input type="checkbox"/> Transformational |
| <input type="checkbox"/> Hospital or Rehabilitation Facility | <input type="checkbox"/> Organization | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Other _____ | | |

Use this area to provide any additional information or comments on why you feel the nominee is deserving of this award.

Please mail or fax completed forms to:
The World Ability Federation, NFP
 120 S. Riverside Plaza, Suite 1050; Chicago, IL 60606
 312.207.0000 phone, 312.207.0017 fax

Submit nominations online:
worldabilityfederation.com