



## NOMINATION FORM

### BILINGUAL ADMINISTRATOR OF THE YEAR AWARD

The purpose of this award is to recognize the leadership, excellent work, and contributions of current bilingual education administrators throughout New York State.

#### NOMINEE'S INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
area code home area code work

E-mail: \_\_\_\_\_

School/Institution: \_\_\_\_\_

Present Position: \_\_\_\_\_

Is the nominee a member of NYSABE? \_\_\_\_yes \_\_\_\_no (disqualified) # of years as member \_\_\_\_\_

#### NOMINATOR'S INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
area code home area code work

E-mail: \_\_\_\_\_

School/Institution: \_\_\_\_\_

Present Position: \_\_\_\_\_

Are you a member of NYSABE?  Yes  No

**Nominations must be submitted electronically on our conference website  
no later than December 18, 2016.**

*To complete the NOMINATION FORM and  
 UPLOAD the supporting documentation, please visit:*

[www.nysabe.net/2017conference](http://www.nysabe.net/2017conference)

Faxes will not be accepted.

**March 2-4, 2017 - Crowne Plaza Hotel - White Plains, New York**