



NOMINATION FORM

BILINGUAL EDUCATION SUPPORT PERSONNEL AWARD

The purpose of this award is to recognize the outstanding work and contributions of bilingual support personnel 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 Sunday, December 18, 2016.**

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

www.nysabe.net/2017conference

Faxes will not be accepted.

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

The New York State Association for Bilingual Education
40TH ANNIVERSARY CONFERENCE

Families, Practitioners, Partners, and Policymakers
**FULFILLING THE PROMISE
OF BILINGUAL EDUCATION TOGETHER**

MARCH 2-4, 2017 Crowne Plaza White Plains Downtown
66 Hale Avenue, White Plains, New York 10601

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