NOMINATION FORM –
(May send in more than one nomination form.)

Recommended candidate(s) for Leadership Louisiana:
(Please provide as much contact information as possible)

Name ____________________________________________________________

Title/Co./Org _____________________________________________________

Address  __________________________________________________________

______________________________________________

Phone ______________________   Fax ___________________

E-Mail  ______________________________________________

Your name: ________________________________________________________

Nominations OPEN Year Long.
Application process Oct 1-Nov 30th
Please email information to sheree@cabl.org.  Thank You!