



NOMINATION FORM
IMLA Burk E. (Buck) Delventhal Legal Advocacy Award

Full Name of Nominee

Address of Nominee

eMail and Phone Number of Nominee

E _____ P _____

Nominees Title and Municipality Represented

Degrees Held and Institutions Conferring Those Degrees and Academic Honors

Years in Public Service and Positions Held

A statement explaining how the nominee meets the qualifications for the Award and citation to publications, legislation and service supporting the statement.
