

WOMEN TO WATCH AWARD NOMINATION FORM

Award Category: Emerging Leader	□ Experienced Leader
Nominee Information	
Nominee's Full Name:	
FICPA Member Number:	AICPA Member Number:
Employer:	
Job Title:	
Address:	
City/State/Zip:	
Email:	
Nominator Information	
Nominator's Full Name:	
FICPA Member Number:	AICPA Member Number:
Employer:	
Job Title:	
Address:	
City/State/Zip:	
Email:	
Relationship to Nominee:	

Submit this form and all supporting docuemnts by email to cherie@ficpa.org.

You will only be able to nominate one person per form. If you would like to nominate multiple individuals, please complete a form for each nominee and submit via separate email.

Each nominee will be notified upon submission of your application, and she will be given a chance to supplement her packet as needed.