

## ANTI-DEFAMATION LEAGUE, SOUTHEAST REGION 2014-2015 GLASS LEADERSHIP INSTITUTE NOMINATION FORM

## **PART I: NOMINATOR**

Please fill out <u><b>your</b></u> informatic	on:		
Last Name:	First Name:		
Home Address:			
City:	State:	Zip:	
Primary Phone:	Secondary Phono	Secondary Phone:	
Primary E-mail:			
Profession:	Company Name	:	
Please Check All That Apply:	DL Board Member GLI Alumnus Community Member		
PART II: NOMINEE			
Please fill out the information	for the person you are nomination	ng:	
Last Name:	First Nam	First Name:	
Home Address:			
City:	State:	Zip:	
Home Phone:	Cell Phone:		
Personal E-mail:			
	Title:		
Business Address:			
City:	State:	Zip:	
Business Phone:	Fax:		
Business E-mail:			

## **PART III: DESCRIBE NOMINEE**

Please answer the following questions:			
1) How long have you known the nominee and in what capacity?			
2) Please tell us about your nominee and why you chose to nominate this individual?			

Please return this form to the ADL Office by May 2, 2014. E-mail to <a href="mailto:srose@adl.org">srose@adl.org</a>; or Fax to (404) 262-3548; or Mail to Shelley Rose; ADL; One Securities Center; 3490 Piedmont Road, NE, Suite 610; Atlanta, GA 30305.