

WOMEN IN AVIATION AND AEROSPACE DAY NOMINATION FORM

NAME OF NOMINEE: _____

ADDRESS OF NOMINEE: _____

CITY: _____ STATE: _____ PHONE: _____

PLEASE SELECT WHICH AWARD YOU ARE NOMINATING THE PERSON FOR:

PEARL CARTER SCOTT

GERALDYN M. COBB

DR. SHANNON LUCID

PLEASE TELL US ABOUT THE NOMINEE AND WHY YOU FEEL THEY SHOULD BE SELECTED:

TYPE HERE OR ATTACH UP TO A ONE PAGE NARRATIVE.

YOUR NAME: _____

PHONE: _____ EMAIL: _____