

NOMINATE A TRAILBLAZER

Wisconsin's Governor's Trailblazer Awards for Women in Business are sponsored by the Office of the Governor * Office of the Lieutenant Governor * Wisconsin Women's Council * BMO Harris Bank * Supplier Diversity Program, Wisconsin Department of Administration * The Widget Source * Wisconsin Manufacturers and Commerce (WMC) * Wisconsin Women's Business Initiative Corporation (WWBIC)

Learn more at: <http://womenscouncil.wi.gov/trailblazer>

Terms and Conditions

By submitting an application and/or agreeing to nomination, the parties agree to the award terms, conditions and disclaimers, agree to be bound by the decision(s) of the Women's Council and its agents, and release the State of Wisconsin, Wisconsin Women's Council, the sponsors, and their agents, respective affiliates, subsidiaries, directors, officers and employees from any and all liability arising in connection with the award program, including without limitation, liability arising from application for or the acceptance of the



I have read and accept the terms, conditions and other notices provided above *

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Before you start: Tell us about yourself so we can direct you to the correct Trailblazer Award Form (select one).

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- I need a NOMINATION FORM to nominate a business owner for a Trailblazer Award
- I am a Nominated Business Owner asked to complete a VERIFICATION FORM
- Not sure or other? Contact us at 608-266-2219

This will direct you to the correct form depending upon whether you are making a nomination OR have already been nominated and have been contacted by the Award program to provide additional information.

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ABOUT THE BUSINESS OWNER (NOMINEE)

Whether you are nominating YOURSELF or SOMEONE ELSE, please provide information requested for the Nominated Business Owner. If you are nominating more than one owner of the same business, provide additional names in the Additional Information box below.

Where information is unknown, leave the response blank and the Trailblazer Program will collect the information from the business owner.

Award Category (select one):

- PIONEER (25 years or more)
- THRIVE (50 years or more)
- TORCHBEARER (family-owned, generational)
- Special WWBIC Nomination

*Select
WWBIC
Category*



Nominee's Name *

First	Last

Title

Company Name *

Email

Phone Number

- -

NOMINATE A TRAILBLAZER

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Business Address

Street Address

Address Line 2

City

Wisconsin

State / Province / Region

Postal / Zip Code

United States

Country

Business Website

Additional Information (optional)

SELECT ONE to be directed to the next page. *

- I am NOMINATING SOMEONE ELSE for an Award
- I am NOMINATING MYSELF for an Award
- WWBIC Staff (Special Nomination)

Special Recognition Award Nominations

Additional Information

Type of Business / Industry

County

Year business was established

Year business became majority woman-owned, if different from above

Business Tax Identification Number, e.g., FEIN (required)

What makes this business Trailblazer-special?

WWBIC Staff Contact for this Nomination

Name

First

Last

Title

Email

Phone Number

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