

## 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).**

\*

- 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-own)
- Special WWBIC Nominator

myself → select one  
AWARD  
Category

### Nominee's Name \*

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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)

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### NOMINEE VERIFICATION FORM ABOUT YOUR BUSINESS

Type of Business / Industry

County

Year business was officially established

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

Generational Ownership (Torchbearer nominations  
only)

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

Majority Woman-Owned Business

Currently Headquartered in Wisconsin

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**Registered Wisconsin for-profit business**

**Compliance and Good Standing (see instructions)**

**Nominee's Responsibility to Notify of Changes in Circumstance**

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## Representation in Printed Materials

Please provide the following AS YOU WOULD LIKE TO SEE IT IN PRINT in Trailblazer materials about Award recipients, such as on the Trailblazer website and in press releases and event programs.

You will be contacted in advance before your information is shared publicly, including on the Trailblazer website or in a press release.

**Your Name as it should appear in print**

**Your Title as it should appear in print**

**Company Name as it should appear in print**

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## Agreement to Participate in the Trailblazer Program and Certification of the Facts

I hereby certify that I wish to be considered for a Governor's Trailblazer Award for Women in Business and that to the best of my knowledge and belief the information provided in connection with this nomination is correct and meets the eligibility requirements.

**Name in lieu of signature \***

First

Last

**Date**



# NOMINATE A TRAILBLAZER

/  /    
MM DD YYYY

**SUBMIT MY NOMINATION \***

- My Verification Form is complete.
- Return to the beginning