



JEWISH MUSEUM OF FLORIDA

301 Washington Avenue
Miami Beach, FL 33139-6965
305-672-5044 • fax 305-672-5933
www.jewishmuseum.com



BREAKING THE GLASS CEILING AWARD 2010

NOMINATION FORM

NAME OF NOMINEE _____

First

Middle

Last

ADDRESS _____

Street

City

Zip

HOME PHONE _____ WORK PHONE _____

E-MAIL: _____ FAX: _____

CURRENT POSITION OF NOMINEE _____

PREVIOUS POSITIONS HELD BY NOMINEE _____

EDUCATIONAL BACKGROUND OF NOMINEE _____

JEWISH COMMUNITY ACTIVITIES OF NOMINEE _____

COMMUNITY ACTIVITIES OF NOMINEE _____

Please tell us specifically why you think your nominee should be considered for the award. What glass ceiling, in what profession, was broken and what part of her career took place in Florida? Describe the nominee's significant professional achievements, contributions to the community and how she has been a role model. (Use additional paper if necessary).

Sponsor's Name (please print)

Sponsor's Signature

Sponsor's Phone/s #

If chosen for the Award, I agree to be a panelist with the other honorees on the evening of the **Breaking the Glass Ceiling Award** program on Wednesday, March 24, 2010 at 7:30 pm

Nominee's Signature