ACTFL
National Language Teacher of the Year

Nomination Cover Page
This form should be completed by the state or regional organization.

Candidate Information

_________________________________________________________________
Name of Candidate
_________________________________________________________________
Institution/Position
Street Address     City     State     Zip Code
_________________________________________________________________
Work Phone       Home or cell phone
_________________________________________________________________
E-mail       Fax

Nominated by
State or Region: _____________________________________________________

Contact Information:

_________________________________________________________________
State/Regional Officer/Designee
_________________________________________________________________
Institution/Position
_________________________________________________________________
Street Address     City     State     Zip Code
_________________________________________________________________
Work phone       Home or cell phone
_________________________________________________________________
E-mail       Fax