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