

NOMINEE INFORMATION			
Name:		Title/ Position:	
Firm/ Organization:			
Address:			
City, State:		Zip code:	
Phone:		Fax:	
Email:			

NOMINATOR INFORMATION			
Name:		Title/ Position:	
Firm/ Organization:			
Address:			
City, State:		Zip code:	
Phone:		Fax:	
Email:			

SUPPORT FOR NOMINATION	
Supporting documents will not be returned.	
√	Please attach separate documents which describe the accomplishments, contributions and/ or initiatives of the nominee in the area of professional responsibility. Please include the significance of the nominee's impact.
√	Please include reports or articles evidencing the nominee's contributions.
√	A resume of the nominee's history of involvement in the field of professional responsibility, may be substituted in support of your nomination.
√	Please include up to three letters of support.

SUBMISSION INFORMATION	
Please submit nomination form, supporting documents and letters of support to:	
Mail:	Michael Franck Selection Committee American Bar Association Center for Professional Responsibility 321 N. Clark Street Chicago, IL 60654-7589
Email:	cpr@americanbar.org (PREFERRED)
Phone:	312.988.5325

AWARD PRESENTATION
The 2016 ABA Michael Franck Professional Responsibility Award will be presented on June 2, 2016, during the 42 nd National Conference on Professional Responsibility in Philadelphia, PA.

FOR OFFICE USE ONLY			
Received By:		Date:	
		Selection:	