



**NOMINATION FORM  
OREGON INSTITUTE FOR LEADERSHIP DEVELOPMENT**

**Nominee**

College \_\_\_\_\_

Nominee's Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Campus Location & Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Nominee's Signature: \_\_\_\_\_

President's/Executive Dean's Signature: \_\_\_\_\_

**Alternate**

College \_\_\_\_\_

Nominee's Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Campus Location & Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Alternate's Signature: \_\_\_\_\_

President's/Executive Dean's Signature: \_\_\_\_\_

Please mail nomination form **with payment of \$375.00** payable to: AAWCC-Oregon,  
c/o Julie Huckestein, Chemeketa Community College, P.O. Box 14007,  
Salem, OR 97309-7070, 503-399-6575; [jhuckest@chemeketa.edu](mailto:jhuckest@chemeketa.edu)