

27<sup>th</sup> Annual TWIN Awards  
**Tribute to Women**  
*Honoring Silicon Valley's Executive Women*

**Nomination Form**

Application Deadline for Nomination is Tuesday, November 30, 2010.  
Please type or print clearly. We encourage you to submit this form electronic at: [www.ywca-scv.org](http://www.ywca-scv.org)

**NOMINEE INFORMATION**

Name \_\_\_\_\_ Suffix (i.e. Ph.D., M.D., etc.) \_\_\_\_\_  
First M. I. (if used) Last

Company \_\_\_\_\_ Position/Title \_\_\_\_\_

Bus. Mailing Address \_\_\_\_\_  
Street Address/P.O. Box City State Zip

Bus. Phone (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Bus. Fax (\_\_\_\_\_) \_\_\_\_\_

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

Home Mailing Address \_\_\_\_\_  
Street Address/P.O. Box City State Zip

Home Phone (\_\_\_\_\_) \_\_\_\_\_

**CONTACT PERSON FOR NOMINEE**

(Admin. Asst./person responsible for follow-up details with Honoree)

Name \_\_\_\_\_ Position/Title \_\_\_\_\_  
First M. I. Last

Address \_\_\_\_\_  
Street Address/P.O. Box City State Zip

Bus. Phone (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Bus. Fax (\_\_\_\_\_) \_\_\_\_\_

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

**NOMINATOR**

(Must be CEO or highest-ranking local officer or director in company or division/business unit)

Name \_\_\_\_\_ Position/Title \_\_\_\_\_  
First M. I. (if used) Last

Address \_\_\_\_\_  
Street Address/P.O. Box City State Zip

Bus. Phone (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Bus. Fax (\_\_\_\_\_) \_\_\_\_\_

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

Signature of Nominator \_\_\_\_\_

***I acknowledge the requirement to purchase a table at the event to recognize the company's Honoree and to support the fundraising activities and mission of the YWCA of Silicon Valley. Please note that there is a minimum donation of \$2,500 per honoree.***

**SPONSOR CONTACT**

(Responsible for all follow-up details for corporate sponsorship)

Name \_\_\_\_\_ Position/Title \_\_\_\_\_  
First M. I. Last

Address \_\_\_\_\_  
Street Address/P.O. Box City State Zip

Bus. Phone (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Bus. Fax (\_\_\_\_\_) \_\_\_\_\_

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

## **NOMINEE PROFILE**

Please answer all of the following questions as they pertain to the nomination criteria described in the Nomination Guidelines and Requirements Information. The selection committee will rely primarily on this information in making its decision for selecting the final TWIN Honorees.

1a. Statement of Achievement from Nominator in **200 words\*** or less:

- Describe your nominee's significant contribution to the company during the 2010 calendar year in regards to the impact on the organization relative to its growth, profitability and innovation
- Describe how the nominee has a significant share of the organization's annual budget and/or executive level responsibility for financial performance of the organization
- Explain what separates this nominee from others as a leader in the company
- Discuss any outstanding leadership qualities that your nominee routinely demonstrates and specifically how this person is a successful role model for other women transitioning into executive positions or how this nominee mentors/coaches women internally or externally from the organization

**\*NOTE: THIS STATEMENT IS THE MOST IMPORTANT CRITERIA THAT THE SELECTION COMMITTEE WILL USE IN THE SELECTION PROCESS**

1b. Statement of Achievement from Nominator in **50 words** or less

**NOTE: THIS STATEMENT WILL BE PRINTED IN THE EVENT PROGRAM BOOK. (May be an excerpt from the 200 word statement of achievement or additional statement.)**

2. List the three most critical responsibilities of the nominee:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

3. Number of management levels between the CEO/highest-ranking local officer in the company or division/business unit and the nominee:

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 or more \_\_\_\_\_

4. Nominee reports to:

Name \_\_\_\_\_ Title \_\_\_\_\_

5. Nominee's total years with company: (The nominee must have been employed at current company for at least one year at time of nomination):

\_\_\_\_\_ 1-5 yrs.    \_\_\_\_\_ 6-10 yrs.    \_\_\_\_\_ over 10 years

6. Number *total* of local employees in the company:  
 \_\_\_\_\_ 1-100 \_\_\_\_\_ 101-500 \_\_\_\_\_ 501-2,000 \_\_\_\_\_ 2,001-10,000 \_\_\_\_\_ greater than 10,000
7. Number of employees under nominee's management:  
 \_\_\_\_\_ 0 \_\_\_\_\_ 1-10 \_\_\_\_\_ 11-20 \_\_\_\_\_ 21-50 \_\_\_\_\_ 51-75 \_\_\_\_\_ 76-100 \_\_\_\_\_ greater than 100  
 \_\_\_\_\_ Corporation or \_\_\_\_\_ Division/business unit
8. Does the nominee have global responsibility: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ n/a
9. Percentage of total company budget under nominee's management:  
 \_\_\_\_\_ 0-25% \_\_\_\_\_ 26-50% \_\_\_\_\_ 51-75% \_\_\_\_\_ 76-100%  
 \_\_\_\_\_ Corporation or \_\_\_\_\_ Division/business unit
10. Nominee's total operating budget: \_\_\_\_\_ (Optional)

### **COMPANY PROFILE**

11. Company Name (as it should appear in all publicity): \_\_\_\_\_
12. Organizational Profile – Provide a description of your company in **50 words\*** or less.

**\* NOTE: ITEM 12. PROFILE WILL BE PRINTED IN THE EVENT PROGRAM.**

If you have any questions, please contact (408) 295-4011 x216 or [events@ywca-sv.org](mailto:events@ywca-sv.org)

PLEASE RETURN NOMINATION FORM AND ATTACHED DOCUMENTATION  
 INCLUDING NOMINEE'S BUSINESS CARD, TO ARRIVE NO LATER THAN

NOMINATION DEADLINE: 5 p.m., Tuesday, November 30, 2010.

On-line: [www.ywca-sv.org](http://www.ywca-sv.org)

E-mail: [events@ywca-sv.org](mailto:events@ywca-sv.org)

Fax: (408) 294-1391

Mail: TWIN Honoree Selection Committee  
 YWCA of Silicon Valley  
 375 South Third Street  
 San Jose, CA 95112