



**Women of Inspiration Night!
Saturday, August 15, 2009**

83 Walton Street NW, Suite 500, Atlanta, GA 30303

Phone: 404-954-6659 Fax: 404-954-6666

www.AtlantaDream.net

CHECKLIST

Please be sure that your application is complete by verifying the items listed below. Submit the completed application and nomination essay at the same time.

- ✓ **Have you enclosed your application?**
- ✓ **Have you enclosed your Five Hundred (500) words or less Nomination Essay**

Applications must be received no later than Wednesday, August 5th, 2009 at 5pm.

Please send completed forms to:

By Mail: **(Must be postmarked by August 3rd)**

Atlanta Dream

Attn: Jared Anderson

83 Walton Street NW

Suite 500

Atlanta, GA 30303

By Email: Inspiration@AtlantaDream.net

By Fax: 404.954.6666

Attn: Jared Anderson

Questions? 404-954-6662



**Women of Inspiration Night!
Saturday, August 15, 2009
APPLICATION**

First Name: _____ Last Name: _____ Today's Date: _____

Birth Date: _____ E-mail Address: _____

Home Address: _____
Street Address City State Postal Code

Home Phone No: _____ Cell Phone No: _____

Inspirational Persons name: _____

Relationship: _____

How did you hear about the Women of Inspiration Night?

NOMINATION ESSAY

Please introduce us to your “Woman of Inspiration” and explain why she should be recognized in the Atlanta community. Include details of how you know her, what she has done to be considered for this special recognition, and how her inspiration has impacted your life or someone else’s life.

Essay must be typed or printed neatly and attached to this application. Essay should be 500 Hundred (500) words or less.

Candidate Name (Printed): _____

I, _____, state that all information is complete and accurate, and I agree by all the rules and regulations of this contest.

**Please attach your typed essay to this form.
(No more than 500 words in length)**

Signature: _____ Date _____