



Best New Wisconsin History Public Program by a Wisconsin Organization Award Nomination Form

(To be eligible for consideration, the nomination must be submitted on this form.)

Program Title: _____

Program Date(s) & Location(s): _____

Program Format (workshop, etc.): _____ Entry Fee: _____

Number of Program Staff: Paid Staff: _____ Volunteer Staff: _____

Number of Program Attendees: _____ Program Total Budget: _____

Program Funding Sources: _____

Please summarize the following and attach to the nomination form.

1. **Program Description:** activities, research, budget, staff, technique and connection to Wisconsin history.
2. **Program Achievements:** effectiveness of delivery and overall impact of program on target audience.
3. **Program Documentation:** brochure, schedule, news clippings, photos, etc. that document the program.

Organization Name: _____

Organization Web Site: _____

Organization Headquarters Address: _____

Organization Mailing Address (if different): _____

Organization City: _____ State: _____ Zip: _____

Program Contact Person: _____

Contact Person Phone: () _____ E-mail: _____

Nominated By: _____ Phone: () _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

Nomination Deadline: March 15 (postmarked)

Mail or deliver nomination to:

Michael Edmonds
Wisconsin History Public Program Award
Wisconsin Historical Society
816 State Street
Madison, WI 53706

For more information about the award or to obtain a printed nomination form by mail, contact Michael Edmonds at 608-264-6583 or via e-mail at michael.edmonds@wisconsinhistory.org.