

2009 Community Partner of the Year
Form CPY



The Community Partner of the Year Award recognizes the outstanding contribution that community-based organizations and individuals make to WHC's *Wildlife at Work*SM and *Corporate Lands for Learning*SM programs. Nominating your community partner for this award shows how much you appreciate their efforts.

To nominate a Community Partner of the Year, please submit the required materials to the Wildlife Habitat Council, 8737 Colesville Road, Suite 800, Silver Spring, MD 20910. For questions, please contact WHC's Director of Conservation Education and Outreach. at cll@wildlifehc.org. **The deadline for submitting applications is July 31, 2009.**

1. \$100 Nomination Fee (Check, money order, or credit card. Nonmembers – nomination fee of \$200).

Important! On check stub or memo, describe payment as CPY Nomination Application.

To pay by credit card, correctly complete the attached Certification Credit Card Payment Form.

Name of Nominee: _____

Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Number of volunteers involved in nominated group: _____ Number that work directly with site: _____

How long nominee has worked with site: _____

Nominating Company: _____

Contact Name & Title: _____

Site Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

2. Please provide the following information:

- Brief description** of the nature and impact of the nominee's involvement in your *Wildlife at Work* and/or *Corporate Lands for Learning* Program.
- 3 to 6 examples** (and no more than 6) of the nominee's activities, such as photographs, press clippings, newsletter articles, letters of recognition, etc.
- Digital photographs*** If selected as a nominee or the CPY Award Winner, these will be used at WHC's Annual Symposium. Photos should depict the nominee's involvement with the site. Digital photographs could be used in promotional presentations. Please send photo documentation as digital TIF or JPEG files only. Photos should be included with application on a CD ROM or USB data stick. Do Not Embed Photos in PowerPoint or Microsoft Word Documents. CD ROMs and USB data sticks will not be returned to sender.
- One 5X 7 photograph*** of your nominee, which may be used in a display at the annual symposium.
- Media materials** (Media Information Sheet attached)
- \$100 application fee** (Credit Card Payment Sheet attached)

*I, the undersigned, do hereby release all rights to photographic materials that serve as part of this nomination. I fully authorize the Wildlife Habitat Council to keep and use this material in any manner, including such options as media coverage, slide presentations and WHC inclusive documents, with the understanding that due credit will be given to the photographer and company responsible for producing the picture.

Signature _____ Date _____



WILDLIFE HABITAT COUNCILSM
CERTIFICATION CREDIT CARD PAYMENT FORM

Company Name: _____
Site Name: _____
Fax #: _____
Phone#: _____

1. Cardholder Information

Name: _____
Billing Address: _____
Phone: _____
Email: _____

2. Certification Type (*Check all that apply*)

- Wildlife at Work* Certification (\$900)
- Early Bird Wildlife at Work* Certification (deduct \$100) *please check if application is postmarked by June 30, 2009*
- Wildlife at Work* Recertification (\$450)
- Early Bird Wildlife at Work* Recertification (deduct \$50) *please check if application is postmarked by June 30, 2009*
- Corporate Lands for Learning* Certification (\$450)
- Early Bird Corporate Lands for Learning* Certification (deduct \$50) *please check if application is postmarked by June 30, 2009*
- Corporate Lands for Learning* Recertification (\$225)
- Early Bird Corporate Lands for Learning* Recertification (deduct \$30) *please check if application is postmarked by June 30, 2009*
- Community Partner of the Year* Nomination (\$100)

- Late Fee (\$200)** *please check if application is postmarked after July 31, 2009*

3. Credit Card Information

Card type: (Please Circle) Visa Mastercard American Express

Card number: _____

Card expiration date: _____

Total amount to be charged to card: _____

Today's Date: _____

Cardholder's signature: _____
(credit cards will not be processed without cardholder's signature)

Send this completed form with your application or fax to:
Certification Coordinator
Wildlife Habitat Council
8737 Colesville Road, Suite #800
Silver Spring, Maryland 20910
E-mail: certification@wildlifehc.org • Tel: 301-588-8994 • Fax: 301-588-4629

MEDIA INFORMATION SHEET
(FORM MIS)



Company Name: _____

Site Name: _____

WHC is very pleased to work with you and your media this year.

Please check one of the following:

- No, I will review the content regarding my *Wildlife at Work* program but I will handle the press myself. I filled out all information for *one company press contact* below as accurately as possible.
- Yes, I would like WHC to handle the external press content regarding my *Wildlife at Work* program. I filled out all information for *one company press contact and three (3) external media contacts* below as accurately as possible.

Please completely fill out the following information for EACH contact.

Internal Company Press Contact- REQUIRED, regardless of which box you checked

This person will be the sole contact on the release as well as responsible for reviewing all content and acquiring approval from your internal contacts. We ask that only this person be the contact for working with WHC's Communications Department. It is important that the company's press contact approve the release for all content including the site's Wildlife at Work program information for inclusion in the online Registry of Certified Programs.

Name: _____

Title: _____

Street address: _____

City _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

If you checked the second box and would like WHC to handle your external press, please provide the following information. **An e-mail for each external media contact is required for our service.** If there is a specific editor, city or metro desk or bureau office, please specify with the appropriate e-mail.

External Media Contact #1

Name: _____

Title: _____

Media Group: _____

Street address: _____

City _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

External Media Contact #2

Name: _____

Title: _____

Media Group: _____

Street address: _____

City _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

External Media Contact #3

Name: _____

Title: _____

Media Group: _____

Street address: _____

City _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____