



Astrid Lindgren Memorial Award

© Illustrations: Björn Berg, Ingrid Vang Nyman, Ben Widland

3. Nomination Form

3.1. NOMINATING BODY (YOUR CONTACT INFORMATION)

Name of nominating body: _____

Contact person: _____

Postal address: _____

Postcode and city/state: _____

Country: _____

Telephone: _____

E-mail: _____

Website: _____

3.2. NOMINATED CANDIDATES

Name	Country	Category*	Gender
1: _____			F <input type="checkbox"/> M <input type="checkbox"/>
2: _____			F <input type="checkbox"/> M <input type="checkbox"/>
3: _____			F <input type="checkbox"/> M <input type="checkbox"/>
4: _____			F <input type="checkbox"/> M <input type="checkbox"/>

* A: Author B: Illustrator C: Storyteller D: Promoter of reading

Place and date: _____

Signature: _____

Please attach the following information for each candidate

3.2.2. Grounds for nomination (max. 500 letters)

3.2.3. Presentation of the candidate

3.2.4. Bibliography or equivalent, including translations

3.2.5. Links to reference material about the candidate

3.2.6. Personal contact information for the nominated candidate (including postal address, home telephone number, cell phone number, e-mail and website)

3.2.7. List of printed material to be sent separately

3.2.8. Additional information

3.3. FOR ACTIVITIES THAT PROMOTE READING THE FOLLOWING ALSO APPLIES

3.3.1. Presentation of the candidate's reading promotion activities

3.3.2. Short presentation of contact person for the organisation, including contact information

3.4. LIST OF ATTACHMENTS
