



# WOMEN of DISTINCTION

---

2024

## You are Invited

to nominate a woman you know who is contributing to our quality of life.

---



A S S E M B L Y M A N  
**JOHN MIKULIN**

New York State Assembly  
Albany, NY 12248

PRSR STD.  
US Postage  
**PAID**  
Albany, NY  
Permit No. 75

## Join Assemblyman John Mikulin

---

in recognizing the contributions of the outstanding women in our community. Inside, nominate a woman you know **on or before Monday, June 24th** for this special recognition!

The formal ceremony will be held  
September 26, 2024



# WOMEN of DISTINCTION

---

2024



A S S E M B L Y M A N  
**JOHN MIKULIN**

Assemblyman John Mikulin's  
**WOMEN OF  
DISTINCTION  
CEREMONY**

Please return this form to:  
Assemblyman John Mikulin  
1975 Hempstead Trnpke.  
Suite 202  
East Meadow, NY 11554  
or fill out the online form at  
**bit.ly/4deNB52**  
or **Scan this QR Code:**



The formal Ceremony to be held  
**September 26, 2024**

Nominations must be  
submitted on or before  
**Monday, June 24, 2024**

For information on this event  
or any legislative matter, please  
contact Assemblyman John  
Mikulin at

1975 Hempstead Trnpke.  
Suite 202  
East Meadow, NY 11554  
516-228-4960  
or email  
MikulinJ@nyassembly.gov



A S S E M B L Y M A N  
**JOHN MIKULIN**



**WOMEN of  
DISTINCTION**  
2024

**\*\*\* NOMINEE MUST BE A RESIDENT OF THE 17TH ASSEMBLY DISTRICT\*\*\***

Name of Nominee: \_\_\_\_\_

Address of Nominee: \_\_\_\_\_  
\_\_\_\_\_

ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email of Nominee: \_\_\_\_\_

I wish to nominate the above-named woman for Assemblyman  
John Mikulin's WOMEN OF DISTINCTION award in the following  
category (please circle the appropriate category):

Business

Community/Civic Affairs

Education

Health Care

Humanitarian

Government

Military Affairs

Volunteer

Other \_\_\_\_\_

In the space below, please type or print a description of the  
nominee and her contribution. Feel free to attach additional  
sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_  
\_\_\_\_\_

ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Your Email: \_\_\_\_\_

I would like my information to be kept confidential from the  
nominee.