



2013 Breastfeeding Friendly Business Award

Nomination Form

Business Name: _____

Address: _____

Contact at the Business (if applicable): _____

Your Name: _____ Phone Number: _____

Questions? Contact lmeidl@co.wood.wi.us or afrance@co.wood.wi.us or call 715-421-8911

Nomination Criteria Options (select all that apply):

- Provides a comfortable, private space for breastfeeding
- Has a breastfeeding friendly policy in place for staff
- Has a breastfeeding friendly policy in place for visitors
- Easily accommodates breastfeeding employees
- Supports breastfeeding through local coalition involvement
- Has made major improvements in supporting breastfeeding in the past year
- Other: _____

Provide additional comments here:

Thank you for your nomination!

**Submissions must
be received by
October 8th!**

**Winner will be
announced at our
Milky Whey Gala
on October 26!**

Complete form and e-mail to lmeidl@co.wood.wi.us or mail Attn: Leah Meidl to the Wood County Health Department - 420 Dewey Street - PO Box 8080 - Wisconsin Rapids, WI 54494

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