|  |  |  |  |
| --- | --- | --- | --- |
| Nominee Information | | | |
| First Name |  | | |
| Last Name |  | | |
| Title/Role |  | | |
| Organization |  | | |
| City/State/Zip |  | | |
| Work Phone |  | Cell Phone |  |
| Email |  | | |
|  | | | |
| Nominator Information (person submitting the nomination) | | | |
| First Name |  | | |
| Last Name |  | | |
| Title/Role |  | | |
| Organization |  | | |
| City/State/Zip |  | | |
| Work Phone |  | Cell Phone |  |
| Email |  | | |
|  | | | |
| Letters of Support | | | |

**Three letters of support** (one from the nominator and two additional individuals) for the nominee that describe:

* 1. How the nominee is a respected leader in the health care industry.
  2. How nominee is “community oriented” (as evidence by serving on boards/committees, for the purpose of advancing a healthy lifestyle).
  3. How the nominee is an activist as identified by participation and enthusiasm in developing public health policy.