



AWARDS NOMINATION FORM

ALL NOMINATIONS MUST BE RECEIVED BY: January 5, 2007
Office of Alumni Relations-HSC * 4200 East Ninth Avenue, Box A-080 * Denver, CO 80262
Fax: 303-315-7729 Phone: 303-315-8832 or 888-HSC-ALUM Email: alumni@uchsc.edu

ALL NOMINATIONS SHOULD INCLUDE: Nomination Form, Letter(s) of Recommendation, Nominee's Resume/CV
Please note that all supporting documentation for awards nominations must be typed. Thank you.

AWARD *(please check one)*

- SILVER & GOLD AWARD**
- DISTINGUISHED SERVICE AWARD**
- DISTINGUISHED ACHIEVEMENT AWARD**

CRITERIA FOR ELIGIBILITY:

Candidates must be current or past members of this Association who are MD graduates of the University of Colorado School of Medicine and who meet the qualifications of the award.

NAME OF NOMINEE: _____

DEGREE: _____ CLASS YEAR: _____ SPECIALTY: _____

BUSINESS ADDRESS: _____

BUSINESS CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ FAX: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT THE NOMINEE

(attach additional pages as necessary)

What if your primary reason for nominating this individual?

What are the nominee's most notable contributions and accomplishments?

Please list additional people or sources that will help the Awards Committee learn about this nominee.

PERSON SUBMITTING THE NOMINATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____