

NOMINATOR INFORMATION

Name _____

Title _____

Organization _____

Address _____

City, State, Zip _____

Email _____

Phone _____

Fax _____

I give permission to the Committee to consider the candidate for an alternative category. Yes No

Signature _____

Deadline: Nomination forms and corresponding materials must be received (not postmarked) by 5 p.m. **Friday, March 28, 2008.** All submissions will be confidential.

NOMINEE INFORMATION

Name _____

Title _____

Organization _____

Address _____

City, State, Zip _____

Email _____

Phone _____

Fax _____

AWARD CATEGORIES (Please select **only one** of the categories listed below):

Advocacy / Public Policy

Community Catalyst

Innovator

Leadership (select one):

Obesity

Tobacco Use Prevention/Cessation

Health Disparities