

## NOMINATOR INFORMATION

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

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

Signature \_\_\_\_\_

## NOMINEE INFORMATION

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

E-mail \_\_\_\_\_

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*

**Deadline:** Nomination forms and corresponding materials must be received (not postmarked) by 5 p.m. **Monday, April 20, 2009**. All submissions will be confidential.