



minority organ tissue transplant education program

National Minority Transplant Hall of Fame - 2009

NOMINATION FORM Due by: October 2, 2009

NAME OF NOMINEE: _____

Nominee's Position/Title:(If applicable) _____

Category (circle one): In a clear and concise statement, describe why this person or corporation should be selected for this award. This will assist the awards committee in fairly choosing the best nominee for one of the awards listed below. (Category definitions are attached)

TRANSPLANT PIONEER

CORPORATE

COMMUNITY LEADER

TRANSPLANT PATIENT ADVOCATE

DONOR ADVOCATE

In a clear and concise statement explain your reason for nominating this person or corporation:

Submitted by:

Address:

Daytime phone number:

E-mail address:

****If you have more than one candidate to nominate, please complete separate form.**

Fax this page to: 202-865-4880 or email to: mottep01@aol.com