

NOMINATION FORM

This form is provided for your use in nominating an individual for consideration for a

SOUTH TAMPA CHAMBER OF COMMERCE 8TH ANNUAL HEALTH CARE SPOTLIGHT AWARDS

Tuesday, March 2, 2010 Quorum Hotel Tampa

Each award recognizes an individual who has made significant contributions to the healthcare industry in the Tampa Bay area, or has gone beyond the call of duty in their particular area of service.

- Please Check One**
- | | |
|--|---|
| <input type="checkbox"/> NURSE OF THE YEAR | <input type="checkbox"/> HUMANITARIAN OF THE YEAR |
| <input type="checkbox"/> CARE GIVER OF THE YEAR | <input type="checkbox"/> IMPACT ON PEDIATRICS AWARD |
| <input type="checkbox"/> REHABILITATION WORKER OF THE YEAR | <input type="checkbox"/> EMERGENCY CARE AWARD |
| <input type="checkbox"/> LICENSED TECH OF THE YEAR | <input type="checkbox"/> COURAGE AWARD |
| <input type="checkbox"/> SUPPORT SERVICES OF THE YEAR | <input type="checkbox"/> DETERMINATION AWARD |
| <input type="checkbox"/> VOLUNTEER OF THE YEAR | <input type="checkbox"/> CHAMBER AWARD |

Name of Nominee _____

Mailing Address _____

City _____ ST _____ Zip _____

Best Contact Phone _____ Alternate Phone _____

E-Mail _____

Gender Male Female Employer (if applicable) _____

Name of Individual Submitting Nomination _____

Name of Organization (if applicable) _____

Mailing Address _____

City _____ ST _____ Zip _____

Best Contact Phone _____ Alternate Phone _____

E-Mail _____

On a separate page, please answer the following questions describing your reasons for nominating this individual. Please limit your answers to no more than 200 words per question. Feel free to submit any appropriate photos, videos, audio recordings or additional documentation that you feel may be helpful in supporting your nomination.

- Describe your nominee's primary job or responsibilities.
- Describe the unique characteristics that set your nominee apart in the respective award category.
- Provide at least one example of how your nominee has gone above and beyond the call of duty for those he or she serves or has impacted through their efforts.

Thank you for your involvement!

Please return completed form to:
STCOC HEALTH CARE SPOTLIGHT AWARDS
3715 W. Horatio Street | Tampa, FL 33609-3917

Or fax to (813) 514-1885

