



# 2012 Nomination Form

## Award Categories (Choose One):

- Champion of the Uninsured
- Champion of Children's Health
- Champion of Senior Health
- Community Health Champion

Corporate Health Champion:

- Small Business (Up to 99 employees)
- Large Business (100 or more employees)

## Nominee

Individual/Program Name: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Program Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Nominator

Contact Name: \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_