

Application for Nomination

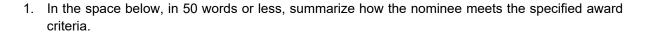
Nominators are asked to refrain from informing the individual about the nomination.

The nomination process is confidential.

1.	Full Name of Nominee:					
2.	Title:					
3.	Specialty:					
4.	Affiliation of Nominee:					
5.	Nominee Contact Information:					
	Address:					
	City:	State:	Zip:			
	Email Address:					
	Phone:	Please specify	: Work	Home	☐ Cell	
6.	Category (please check appropriate box)					
	Basic Research	Clinical Research	Cancer Contro	ol Phila	nthropy	
7.	Is this a re-nomination?					
	☐ Yes ☐ No					
	NOMINATOR INFORMATION *Self-nomination is not permitted					
1.	Name(s) of Nominator(s)*:					
2.	Title:					
3.	Affiliation of Nominator(s) (including Region, if applicable):					
4.	Nominator Contact Information	:				
	Address:					
	City:	State:	Zip:			
	Email Address:					
	Phone:	Please specify	y: Work	Home	☐ Cell	

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SUPPORTING DOCUMENTATION



2. In the space below, in 1000 words or less, write a letter of recommendation addressed to the Medal of Honor Workgroup. The letter should describe the candidate's seminal contributions to the field of cancer and should include a description of how these contributions have a lasting impact on the cancer field.

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3. In the space below, list other awards received including dates. List should be limited to the top ten.

SUBMISSION GUIDELINES

A complete nomination packet must include:
☐ Application for Nomination
☐ Current Bio and Current CV or Resume (For Basic Research, Clinical Research, and Cancer Contro nominees, please include a list limited to the ten most relevant published papers, utilizing the following language. "The following are ten of the most relevant published papers out of a total of [insert number] peer reviewed publications." Only CV's are resumes limited to the top ten will be accepted.)



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