



Nomination Form

Nominators are asked to refrain from informing the individual about the nomination.
The nomination process should be kept 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

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: Work

Home

Cell

Please send the complete nomination packet to Caira Turner at caira.turner@cancer.org
Submissions must be received by 3:00 pm ET on Friday, May 11, 2018.



American Cancer Society
Trish Greene Quality of Life Award

Nomination Form

SUPPORTING DOCUMENTATION

In the space below, please share the following information about the nominee: history of funded research, demonstrated leadership, contributions to the science of quality of life research, and research addressing the needs of the specific populations, including survivors and the underserved. (Please use 500 words or less).

SUBMISSION GUIDELINES

A complete nomination packet must include:

- Application for Nomination
- Current Bio of the Nominee
- Current CV or Resume of the Nominee

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