



AWARD NOMINATION FORM

Nomination Deadline: October 23, 2009

Nomination for: Jane Boggess Advancement of Pharmacy Practice Award
 Michelotti Public Health Prize

Nominee Information

Please complete as much of the information about the nominee as possible.

Candidate/Organization Name _____

Professional Designation(s) _____

Place of Employment _____

Title _____

Address (work or home) _____

City _____ State _____ Zip _____

Daytime Phone Number _____ Email Address _____

Nominator Information

Name _____

Professional Designation(s) _____

Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____ Email Address _____

Nomination Process

The nominator is responsible for submitting an award nomination to the Pharmacy Foundation by **October 23, 2009***. Nomination materials must include the following items to be considered:

- Award nomination form
- A letter from the nominator explaining how the nominee meets the award criteria and specifically documents why the nominee is deserving of the award
- A copy of the nominee's resumé

* Nominations sent via email must be received by the deadline date and be sent to spresidio@pharmacyfoundation.org. Nominations sent via mail should be postmarked by the deadline date and sent to: Pharmacy Foundation of California • Attn: Awards & Scholarship Division • 4030 Lennane Drive • Sacramento, CA 95834. Faxed and late submissions will not be accepted.

Questions? Contact Shannon Presidio at (916) 779-1410, ext. 324.