



ALUMNI AWARDS NOMINATION FORM

EMORY
UNIVERSITY
SCHOOL OF
MEDICINE

Please return to:
Office of Development and Alumni Relations
1440 Clifton Road NE
Suite 112
Atlanta, GA 30322
Phone: 404.712.0462
Fax: 404.727.2485
Email: develcj@emory.edu

Each year, the Emory School of Medicine presents two prestigious awards to outstanding alumni. Recipients are selected by a committee of the Medical Alumni Association Board, and are honored at the Dean’s Reception held in conjunction with School of Medicine Reunions, September 27-29, 2007. More detailed information will be available closer to the date.

Nominations are accepted throughout the year. **The deadline for nominations for 2007 is February 28, 2007.** Please submit this nomination form together with up to two supporting documents describing how the nominee meets the criteria. Including a *curriculum vitae* as one of the two supporting documents would be very helpful. **To access an electronic version of this form, please visit www.emorymedicine.org.**

Please select the award for which you are submitting this nominee:

- Award of Honor*: conferred upon a medical alumna/alumnus who has demonstrated distinguished service to the Medical Alumni Association, to the Emory School of Medicine, to Emory University, or to the profession of medicine.
- Distinguished Medical Achievement Award*: conferred upon an individual who has achieved distinction in research, teaching, medical practice, or administration in an academic or public institution.

NOMINEE:

Name of Nominee:	
Title/Profession:	
Business Name and Address:	
City/State/Zip:	
Business Phone:	
Home Phone:	
E-mail Address:	

List Nominee's service to Emory, the School of Medicine, and/or the Medical Alumni Association:

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List Nominee's service to the profession of medicine – research, teaching, medical practice, and/or administration in an academic or public institution:

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List Nominee's service to the community:

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SUBMITTED BY:

Please include your contact information below, as we may need to contact you for further information.

Full Name:	
Emory Class Year(s), if applicable:	
Title/Profession:	
Address:	
City/State/Zip:	
Business Phone:	
Home Phone:	
E-mail Address:	