

2013 Nursing Excellence Awards

SIUE School of Nursing

Nomination Form

Nominee's Name (individual)			
Nominee's Name (organization)	Cor	Contact Name	
Address			
City	State	Zip	
Daytime Phone Number	Email Address	Email Address	
Nominee's Current Title and Business			
If SIUE School of Nursing Alumna/us, degi	ree(s) and year(s) awarded		
Please circle the appropriate award categories	ory for this nominee:		
Outstanding Friend to Nursing Outstanding Hospital or Health Ca Outstanding SIUE School of Nursi Outstanding New SIUE School of N	ng Alumna/us		
Narrative: Please attach a description of t limiting your comments to 1 page, 12 poir		that merit consideration,	
Nominator's Name			
Daytime Phone Number	Evening Phone	Number	
Email Address			
Award winners will be notified in advance	of the Gala.		

Nomination deadline is Wednesday, March 6, 2013 by 4:30pm.

Mail to:

SIUE School of Nursing, Attn: Angie Peters, Campus Box 1066, Edwardsville, IL 62026. Other options: Email angpete@siue.edu or fax to (618) 650-3854 (Attn: Angie Peters). This form is also online at siue.edu/nursing/gala.shtml.