

2013 Nursing Excellence Awards

SIUE School of Nursing

Nomination Form

Nominee's Name (individual)			
Nominee's Name (organization)	Cont	Contact Name	
Address			
City	State	Zip	
Daytime Phone Number	Email Address	Email Address	
Nominee's Current Title and Business			
f SIUE School of Nursing Alumna/us, degre	e(s) and year(s) awarded		
Please circle the appropriate award categor	y for this nominee:		
Outstanding Friend to Nursing Outstanding Hospital or Health Card Outstanding SIUE School of Nursing Outstanding New SIUE School of Nu	g Alumna/us		
Narrative: Please attach a description of th imiting your comments to 1 page, 12 point		hat merit consideration,	
Nominator's Name			
Daytime Phone Number	Evening Phone N	Number	
Email Address			
Award winners will be notified in advance of	f 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.