



**UNIVERSITY OF MISSOURI-COLUMBIA  
SCHOOL OF MEDICINE  
MEDICAL ALUMNI ORGANIZATION  
AWARDS NOMINATION FORM – 2010**

NOMINATIONS MUST BE RECEIVED IN THE MEDICAL ALUMNI OFFICE NO LATER THAN **5 P.M. ON JANUARY 8, 2010**. IF THIS DATE FALLS ON A SATURDAY OR SUNDAY, IT WILL BE DUE ON THE NEXT BUSINESS DAY. LATE NOMINATIONS WILL NOT BE CONSIDERED. NOMINATIONS WILL REMAIN ACTIVE FOR **TWO YEARS**.

**ALPHA OMEGA ALPHA ALUMNI MEMBERSHIP NOMINATION FOR 2010**

THIS AWARD IS TO RECOGNIZE ALUMNI OF AT LEAST TEN YEARS WHO HAVE DEMONSTRATED OUTSTANDING ACHIEVEMENT AND WHO HAVE DISTINGUISHED THEMSELVES IN THEIR PROFESSIONAL CAREERS. PREFERENCE WILL BE GIVEN TO ALUMNI ENGAGED IN ACADEMIC ACTIVITIES SUCH AS TEACHING, RESEARCH OR BOTH.

**PLEASE TYPE OR PRINT ALL INFORMATION.**

**NOMINEE'S INFORMATION**

\_\_\_\_\_  
FIRST NAME M.I. LAST NAME

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
TITLE

Home  Office

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EMAIL ADDRESS

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OFFICE ADDRESS CITY STATE ZIP

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HOME ADDRESS CITY STATE ZIP

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DAYTIME PHONE HOME PHONE FAX CELL PHONE (OPTIONAL)

**A COMPLETE NOMINATION WILL INCLUDE THIS FORM PLUS:**

1. A LETTER FROM THE NOMINATOR.
2. ADDITIONAL LETTERS SUPPORTING THE NOMINATION; IF AVAILABLE.
3. A DETAILED VITA/RESUME LISTING AWARDS, ACCOMPLISHMENTS, ETC.
4. A ONE-PAGE SUMMARY OF THE VITA/RESUME INCLUDING OUTSTANDING CONTRIBUTIONS AND FACTS THAT YOU WANT TO HIGHLIGHT FOR THE AWARDS COMMITTEE.
5. PLEASE DO **NOT** PLACE NOMINATION PAPERS IN A BINDER.
6. AWARDS WILL BE ANNOUNCED AFTER THE SPRING AOA MEETING. MEETING DATE IS TBD

**(OVER)**

**NOMINATED BY**

\_\_\_\_\_  
DATE

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FIRST NAME

\_\_\_\_\_  
M.I.

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LAST NAME

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CLASS YEAR

Home  Office

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CELL PHONE  
(OPTIONAL)

PLEASE RETURN THIS FORM AND SUPPORTING MATERIALS TO:

**MEDICAL ALUMNI AWARDS COMMITTEE**

MU Medical Alumni Office  
One Hospital Drive, DC018.00  
Columbia, MO 65212

For more information, call **(573) 882-5021**. Fax: **(573) 884-4808**