



**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**.

CITATION OF MERIT NOMINATION FOR 2010

THIS AWARD IS TO RECOGNIZE SIGNIFICANT CONTRIBUTIONS TO THE MEDICAL PROFESSION.

PLEASE TYPE OR PRINT ALL INFORMATION.

NOMINEE'S INFORMATION

FIRST NAME M.I. LAST NAME CLASS YEAR

COMPANY NAME

TITLE

Home Office

EMAIL ADDRESS

OFFICE ADDRESS CITY STATE ZIP

HOME ADDRESS CITY STATE ZIP

() 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. THE AWARDEE MUST ATTEND THE AWARDS CEREMONY DINNER ON THURSDAY MARCH 25, 2010, IN ST. LOUIS.

(OVER)

NOMINATED BY

DATE _____

FIRST NAME

M.I.

LAST NAME

CLASS YEAR

Home Office

EMAIL ADDRESS

OFFICE ADDRESS

CITY

STATE

ZIP

HOME ADDRESS

CITY

STATE

ZIP

() _____
DAYTIME PHONE

() _____
HOME PHONE

() _____
FAX

() _____
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**