



**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**.

**OUTSTANDING YOUNG PHYSICIAN NOMINATION FOR 2010**

THIS AWARD IS TO RECOGNIZE ALUMNI WHO HAVE DISTINGUISHED THEMSELVES IN THE FIELD OF MEDICINE.  
NOMINEES MUST BE AGE 45 OR YOUNGER.

**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

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OFFICE ADDRESS

CITY

STATE

ZIP

HOME ADDRESS

CITY

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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**