



2017 Summit Awards Nomination Form

NOMINATION: Name of individual, organization, or business:	
Nominee phone and/or email:	Nominee's city/town:
Brief description outlining reason for nomination (please use an additional sheet if necessary):	
Please indicate an award category: _____ Health Care Partner of the Year – please specify: _____ Organization _____ Physician _____ Patient Navigator _____ Community Program Award _____ Community Champion Award _____ Advocacy Award _____ NVCRA Registrar Award	

Please email completed form to Kristen@NevadaCancerCoalition.org no later than Aug. 31, 2017.