



2011 BOWL OF HYGEIA NOMINATION FORM

QUALIFICATIONS

1. The recipient must be a pharmacist, licensed within the jurisdiction in which the Award is made.
2. The recipient must be living. Awards are not presented posthumously.
3. The recipient has not been a previous recipient of the Award.
4. The recipient is not currently serving, nor has he/she served within the immediate past two years as an officer of the association in other than an ex-officio capacity or its awards committee.
5. The recipient has compiled an outstanding record of community service, which apart from his/her specific identification as a pharmacist, reflects well on the profession.

All nominations must be received by the:

_____ (Name of Association)

_____ (Address of Association)

NAME OF NOMINEE:

Nominee Home Address

Nominee Business Address:

Telephone: _____

Telephone: _____

SUPPORTING INFORMATION:

(Other supporting information may be included by attachment)

NOMINATION SUBMITTED BY:

Name:
Address:
Telephone:
E-Mail Address: