



**Nomination Form:**

## 2009 Maryland H1N1 Immunization Excellence Award

The Maryland Partnership for Prevention is seeking candidates for the 2009-2010 Maryland H1N1 Immunization Excellence Awards, recognition for outstanding efforts of local health departments, health care providers, or other organizations in preventing H1N1 influenza in Maryland. The awards will be presented at the 2009-2010 Maryland Flu Season Wrap-Up scheduled for April 15, 2010. **Nomination forms must be received by March 1, 2010 at 5 p.m.**

**Candidate Information:**

Organization/Provider's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact's Name \_\_\_\_\_ Phone \_\_\_\_\_

Contact's Email Address \_\_\_\_\_

**Type of activity for which the candidate is being nominated.**

- General Outreach and/or Education
- Outreach and/or Education for Priority Groups and Underserved Populations
- Clinic Operations
- Partnerships / Collaborations
- Overall Response
- Other \_\_\_\_\_

**Describe the activity or accomplishment for which the candidate is being nominated. Provide specific details, including the number served and impact of efforts.** (Use the space provided or create a separate document, not to exceed two pages, single-spaced, 12 point font.)

Candidate\_\_\_\_\_

**Nomination (cont.)**

Nominator's Name\_\_\_\_\_ Phone\_\_\_\_\_

Email Address\_\_\_\_\_

**Nominations must be RECEIVED by Monday, March 1, 2010.** Return completed nominations via standard mail, fax, or email to:

Maryland Partnership for Prevention, Inc.  
P.O. Box 702  
Owings Mills, MD 21117  
Phone: 410-902-4677  
Fax: 410-902-7771  
Email: [info@immunizemaryland.org](mailto:info@immunizemaryland.org)\*

\* In email subject line, write candidate's name and "H1N1 Immunization Excellence Award" Example: Dr. John Smith -- IZ Excellence Award