

2006 NOMINATION FORM

WESTERN INSTITUTE OF NURSING

REGIONAL GERIATRIC NURSING RESEARCH AWARD

[DEADLINE FOR SUBMITTING NOMINATIONS IS 4:30 PM, TUESDAY, NOVEMBER 1, 2005.]

This nomination is for an ____ Experienced Researcher or a ____ New Researcher.

CANDIDATE INFORMATION (please print or type)

NAME AND CREDENTIALS OF NOMINEE _____

TITLE OF NOMINEE _____

PLACE OF EMPLOYMENT _____

EMPLOYMENT ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE: WORK _____ HOME _____

EMAIL _____

PERSON WHO IS SPONSORING THE NOMINEE (please print or type)

NAME _____

TITLE _____

PLACE OF EMPLOYMENT _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE: WORK _____ HOME _____

EMAIL _____

(Over)

SUPPORTING NOMINATOR (please print or type)

NAME _____

TITLE _____

PLACE OF EMPLOYMENT _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE: WORK _____ HOME _____

EMAIL _____

SUBMIT 12 COPIES OF THE NOMINATION PACKET, INCLUDING: COMPLETED NOMINATION FORM; COVER LETTER FROM THE SPONSOR; AND STATEMENTS ABOUT THE NOMINEE FROM THE SPONSOR AND THE SUPPORTING NOMINATOR, NEITHER OF WHICH SHALL EXCEED 500 WORDS.

MAIL TO:

WESTERN INSTITUTE OF NURSING, SN-4N
3455 SW US VETERANS HOSPITAL ROAD
PORTLAND, OR 97239-2941

FOR OVERNIGHT DELIVERY:

WESTERN INSTITUTE OF NURSING, SON 426D
3455 SW VETERANS HOSPITAL ROAD
PORTLAND, OR 97239-2941