



COMMUNITY STAR NOMINATION FORM

Nominator Contact Information

Name: _____

E-Mail Address: _____

Company: _____

Phone: _____

City/Town: _____

State/Province: _____

★ Which best describes the Community Star you are nominating?

Individual Community Member
 Individual Practitioner
 Clinic
 Hospital
 Other: _____

★ Community Star Contact Information

Name: _____

Title: _____

Organization: _____

City/Town: _____ State/Province: _____

E-mail Address: _____

Phone: _____

★ Which area are you recognizing this Community Star? (check all that apply)

Innovation
 Collaboration
 Education
 Communication
 Other: _____

★ The reason I chose to nominate this Community Star: (Deadline is Sept. 15, 2017) (Please include examples of their work in each area you are nominating them in.)

★ Is there anything else you would like us to know about your nominee?