

TEXAS HEALTHCARE TRUSTEES 2010 FOUNDERS' AWARD

Nominee's name: _____

Board position: _____

Hospital/health system: _____

Hospital/health system address: _____

Nominee's name as it should appear on award: _____

Nominee's home contact information:

Address: _____

Phone: _____

E-mail: _____

*Nominee will only be contacted if selected.

Nominee's Contributions

Summarize the nominee's contributions to health care governance. Note involvement in local board, community and any THT, Texas Hospital Association or American Hospital Association activities. Include supplemental information or documents that address activities and accomplishments of the nominee as a member of the board of trustees or as a result of community, civic and service activities.

Submitted by: _____

Position: _____

Nominator's contact information:

Address: _____

Phone: _____

E-mail: _____

Send Nominations to:

Texas Healthcare Trustees, Founders' Committee
P.O. Box 679010, Austin, TX 78767-9010
Fax: 512/692-2556

Deadline: Friday, May 1, 2010

For more information, call Amy Gayhart at 512/465-1013
or visit www.tht.org.

Nomination
Form