



**Nomination Form:  
2010 North Dakota Providers' Choice Awards**

The North Dakota Department of Health needs your help in identifying candidates for the 2010 North Dakota Providers' Choice Awards, recognition of individuals, businesses, and organizations that have made extraordinary contributions towards improved adult and/or childhood immunizations rates in North Dakota. The awards will be presented at the North Dakota Immunization Conference scheduled for August 24 and 25, 2010, in Mandan. **Nomination forms must be received by close of business June 30, 2010.**

**Candidate Information:**

Name:		Title:	
Employer:		Phone:	
Address:		City:	
State:	Zip:	Email:	

**Nominator Information:**     Anonymou

Name:		Title:	
Employer:		Phone:	
Address:		City:	
State:	Zip:	Email:	
Relationship to Nominee:			

**Describe the candidate's efforts to improve immunization rates in North Dakota. Include specific activities, accomplishments, and previous recognitions in this or related areas.**

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