

Association of Community Cancer Centers

Award Application / Nomination Form

APPLICANT / NOMINEE INFORMATION

First Name: _____ Last Name: _____
Title: _____
Institution: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

AWARD(S)	<u>SUBMISSION DEADLINE</u>
<input type="checkbox"/> Annual Achievement Award	July 5th
<input type="checkbox"/> Clinical Research Award	July 5th
<input type="checkbox"/> David King Community Scientist Award	July 5th

NOMINATOR *(If nominating someone. If not, please leave blank)*

First Name: _____ Last Name: _____
Institution: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

NOTE:

Check the following (as appropriate):

- CV and Bio Attached
- Letter of Recommendation Attached
- Nominee has developed new screening, risk assessment, treatment or supportive care programs for cancer patients.
- Number of patients entered into clinical trials: _____
- Number of studies chaired or led: _____
- Number of publications and abstracts written: _____

Please email, mail or fax the completed Nomination Form and supporting documents to:

ACCC

1801 Research Blvd., Suite 400, Rockville, MD 20850

Email: bspruill@acc-cancer.org; Fax: 301.770.1949