
Nomination Form

North Carolina Chapter, American College of Physicians
2015 Volunteerism and Community Service Award

Nominees must be members of the NC,ACP.

For the NC,ACP Volunteerism and Community Service Award, I place into nomination:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Remarks on the nominee: _____

Submitted by: Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

This form must be received by December 29, 2014

Send to:

NC,ACP, Attention: Nancy Lowe, CMP

PO Box 27167

Raleigh, NC 27611

FAX: (919) 833-2023

Email: nlowe@ncmedsoc.org