

2010
Child Health Advocate Award

NOMINATION FORM

Kindly complete and return by **March 5, 2010** to:

Jeff Hudson
AAP Division of State Government Affairs
141 Northwest Point Boulevard
Elk Grove Village, IL 60007-1098

(Phone) 800/433-9016, ext 7799
(Fax) 847/228-5245

Nomination submitted by:

Name: _____

Title: _____

AAP Chapter: _____

Address: _____

Telephone: _____

E-mail: _____

1. Child Health Advocate Award Nominee

Name: _____

Title/Position/Occupation: _____

Address: _____



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

2. Background information on nominee: (if necessary, additional information may be attached)

- 3. Reason(s) for nominating this individual for the AAP Child Health Advocate Award:** (Please limit your commentary to 100 words or less. You may also include additional supportive materials such as newspaper clippings, letters of support, and testimonials. Please limit this information to **10 pages or less**. All materials submitted become the property of the American Academy of Pediatrics and will not be returned; please submit photocopies of materials when necessary.)