



The influential voice of Nebraska's hospitals

Information on Your NHA 2008 “Caring Kind” Recipient

Name _____

*Please include a phonetic spelling so the recipient’s name can be announced properly during the awards ceremony. Thank you.

Title/Position _____

Hospital Name _____

City/Town _____

Number of years at your hospital, and in this position _____

Reasons this person has been selected (This information is to be included in the “Caring Kind” luncheon booklet, and is **limited to 150 words or less.**)

Contact person completing this form _____

Contact person’s phone and fax numbers _____

PLEASE RETURN THIS FORM TO THE NHA OFFICE BY AUGUST 15, 2008:

ATTENTION:

Heather Bullock
Marketing & Events Coordinator
Nebraska Hospital Association
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Fax: (402) 742-8191