



NHA 2008 Excellence in Service Nomination Form

Nominee Name: _____

*Please include the phonetic spelling so the recipient's name can be easily announced.

Title/Position: _____

Hospital Name: _____

City/Town: _____

Number of years the Excellence in Service nominee has worked at your hospital: _____

Recommendation for Excellence in Service award: (This information will be included in the Caring Kind program guide. NHA reserves the right to edit all entries.)

Contact person completing this form:

Name and Title: _____

Phone: _____ Fax: _____

Please return this form by August 15, 2008 to Heather Bullock at the Nebraska Hospital Association, 3255 Salt Creek Circle, Suite 100, Lincoln, NE 68504, or fax to (402) 742-8191. If you have questions, contact Heather at 402/742-8148 or hbullock@nhanet.org.