



Dr. Sebastian Russo Memorial Award 2009 Nomination Form



I nominate the following healthcare provider for the 2009 Dr. Russo Memorial Award:

Healthcare Provider Name			
Name of location were Employed			
Address of location were employed			
City	State	Zip	Telephone

I can be contacted at:

Name			
Address			
City	State	Zip	Telephone

Guidelines

1. To nominate a healthcare provider for the Dr. Sebastian Russo Memorial Award, please complete and submit the nomination form. Nominations must include a descriptive narrative of no more than 500 words, detailing the qualities and accomplishments of the nominee. Feel free to use the back of this page or attach it to this form. Additional letters of support may be submitted with the nomination form, but are not required.
2. The deadline for nomination submissions is May 15, 2009.
3. Copies of nomination forms are available at <http://www.baltimorehealth.org>.
4. After receiving the nomination form an application will be mailed to each nominee. The completed application must be returned to:

Dr. Russo Award Selection Committee
Baltimore City Health Department
1001 East Fayette Street
Baltimore, MD 21202

In no more than 500 words, describe the nominee's qualities and accomplishments (please type or print clearly).