

**2014 TB ETN TB Educator of the Year Award Nomination Form**

**Nominee Information**

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Nominator Information** *(those who are self-nominating do not need to complete this section)*

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

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X \_\_\_\_\_

<b>Signature of Nominator</b>	<b>Name (printed)</b>	<b>Date</b>	<b>Position/Organization</b>
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*Your nomination helps us show all TB educators that their efforts are recognized and appreciated.*

*Thank you for your participation!*