

2014 TB ETN Project Excellence Nomination Form

Nominee Information *(if nominating a group for the Project Excellence Award, please put the name of the project lead/spokesperson in this section)*

Name: _____ Daytime Phone: _____

Employer: _____ Position: _____

Fax: _____ Email: _____

Mailing Address: _____

Other project members and their affiliations:

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

Name: _____ Daytime Phone: _____

Employer: _____ Position: _____

Fax: _____ Email: _____

Mailing Address: _____

X _____

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

Thank you for your participation!