

# 2013 SELLERS-McCROAN AWARD NOMINATION FORM

<b>Nominee:</b>			
<b>Title:</b>			
<b>Business Address:</b>		<b>Nominee Email:</b>	
<b>City/State/Zip:</b>		<b>Nominee Phone:</b>	
<b>Nominated by:</b>		<b>Nominator Email:</b>	
		<b>Nominator Phone:</b>	

**1. Describe the nominee's contribution to public health in Georgia.**

**2. How has the nominee's contribution to public health improved the quality of public health epidemiology or public health laboratory service?**

**3. Why do you consider the nominee's contribution worthy of recognition?**

**4. Over what period of time did this contribution occur?**

Attach picture of nominee suitable for the Program Booklet in JPG, GIF, PNG and BMP *format only*.

**Deadline: Friday, January 3, 2014**

**Email to: [megan@gapha.org](mailto:megan@gapha.org)**