**ASSOCIATION OF COMMUNITY CANCER CENTERS**

**AWARD**

**Nomination Form**

**NominATOR**

First Name:       Last Name:

Institution:

Address:

Phone:       Fax:

Email:

**AWARD(S) SUBMISSION DEADLINE**

**Annual Achievement Award August 31st**

**Clinical Research Award February 15th**

**David King Community Scientist Award August 31st**

**NOMINEE Information**

First Name:       Last Name:

Title:

Institution:

Address:

Phone:       Fax:

Email:

**NOTE:**

**Check the following (as appropriate):**

CV and Bio Attached

Letter of Recommendation Attached

Nominee is not a full-time faculty member at a university, pharmaceutical company or research institution.

Nominee has developed new screening, risk assessment, treatment or supportive care programs for cancer patients.

Number of patients entered into clinical trials:

Number of studies chaired or led:

Number of publications and abstracts written:

**Please email, mail or fax the completed Nomination Form and supporting documents to:**

**ACCC / Careen Campbell**

**11600 Nebel Street, Suite 201Rockville, MD 20852**

**Email:** [**ccampbell@accc-cancer.org**](mailto:ccampbell@accc-cancer.org)**; Fax: 301.770.1949**