

ASSOCIATION OF COMMUNITY CANCER CENTERS
Clinical Research Award
Nomination Form

Please submit this form no later than March 12, 2010.

Nominee Information

| | |
|--------------------|------------------|
| First Name: _____ | Last Name: _____ |
| Title: _____ | |
| Institution: _____ | |
| Address: _____ | |
| _____ | |
| Phone: _____ | Fax: _____ |
| Email: _____ | |

Your Information

| | |
|---------------------------------|------------------|
| First Name: _____ | Last Name: _____ |
| Title: _____ | |
| Institution: _____ | |
| Address: _____ | |
| _____ | |
| Phone: _____ | Fax: _____ |
| Email: _____ | |
| Affiliation with Nominee: _____ | |

Please include the following information:

- Letter of recommendation
- Curriculum Vitae
- Biography
- Nominee is not a full-time faculty member at a university, pharmaceutical company or research institution.
- Nominee has proven to be a leader in clinical trials for the development, participation and evaluation of studies
- 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 lead: _____
- Number of publications and abstracts written: _____

Please email, mail or fax completed nomination packet by March 12, 2010 to:
ACCC / Jason Peller
11600 Nebel Street, Suite 201 Rockville, MD 20852
Email: jpeller@acc-cancer.org; Fax: 301.770.1949