

Association of Community Cancer Centers

Award Application / Nomination Form

APPLICANT / NOMINEE INFORMATION

First Name: _____ Last Name: _____

Title: _____

Institution: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

AWARD *(please select the award for which you are applying)*

- Annual Achievement Award
- Clinical Research Award
- David King Community Scientist Award

NOMINATOR *(Fill out only if you are nominating someone other than yourself. If not, please leave blank)*

First Name: _____ Last Name: _____

Institution: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

NOTE:

Check the following (as appropriate):

- CV and Bio Attached
- Letter of Recommendation Attached
- 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 form and supporting documents to:

ACCC

1801 Research Blvd., Suite 400, Rockville, MD 20850

Email: bspruill@acc-cancer.org; Fax: 301.770.1949