

# Association of Community Cancer Centers

## Award Application / Nomination Form

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### APPLICANT / NOMINEE INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

AWARD(S)	<u>SUBMISSION DEADLINE</u>
<input type="checkbox"/> Annual Achievement Award	June 6th
<input type="checkbox"/> Clinical Research Award	June 6th
<input type="checkbox"/> David King Community Scientist Award	June 6th

### 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](mailto:bspruill@acc-cancer.org); Fax: 301.770.1949