



Leland gayheart prevention award

NOMINATION FORM

TO THE LELAND GAYHEART PREVENTION AWARD COMMITTEE:

It is a pleasure to submit for consideration for the LELAND GAYHEART PREVENTION AWARD:
(Print or Type Only Please)

SUBMITTED BY:

Name _____ Title _____

Department Name _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Program Name _____

Name of Program Educator _____

Send Nomination Form and Program Synopsis to the following address:

Attention: Leland Gayheart Award

Trauma Burn Center

Injury Prevention Team

1327 Jones Drive Suite 107A

Ann Arbor, MI 48105-0715

Fax: 734-998-8453