

# MINNESOTA MEDICAL ASSOCIATION

## Awards

Honor a physician who is making a difference. Submit a nomination today.

### Nomination Form

**NOMINEE** Name *(please print)*: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Business telephone: \_\_\_\_\_

#### I WOULD LIKE TO NOMINATE THIS PERSON FOR:

- President's Award
- Distinguished Service Award
- Medical Student Leadership Award
- James H. Sova Memorial Award for Advocacy

Describe why this person should receive the award *(please attach any supporting information)*:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOMINATION SUBMITTED BY** Name *(please print)*: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE SUBMIT ENTRIES TO:** Awards  
Minnesota Medical Association Foundation  
1300 Godward St. NE, Suite 2500  
Minneapolis, MN 55413

Email nominations to [snelson@mnmed.org](mailto:snelson@mnmed.org)  
or fax to 612-378-3875

**Deadline: June 30, 2017**



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MEDICAL  
ASSOCIATION