



## Cancer Survivor of the Year Nomination Form

You must be 18 years of age to make a nomination. One entry per form. Please note only nominations of living persons will be accepted. Nominations will be accepted through May 14, 2010. Send the completed form to:

Baptist Health Systems  
Attention: Baptist Health Line  
1225 North State Street  
Jackson, MS 39202

\* Indicates a required field.

### Information About You:

First Name\*: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Last Name\*: \_\_\_\_\_

Sex\*:  Male  Female

Date of Birth\*: \_\_\_\_\_ Email address\*: \_\_\_\_\_

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

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Preferred telephone number\*: \_\_\_\_\_

Your relationship to the nominee\*: \_\_\_\_\_

### Information About Your Nominee:

Survivor's First Name\*: \_\_\_\_\_

Survivor's Middle Initial: \_\_\_\_\_ Survivor's Last Name\*: \_\_\_\_\_

Sex\*:  Male  Female

Survivor's Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Survivor's Date of Birth\*: \_\_\_\_\_

Survivor's email address: \_\_\_\_\_

Survivor's preferred telephone number\*: \_\_\_\_\_

Survivor's Type of Cancer\*: \_\_\_\_\_

Survivor's Year of diagnosis\*: \_\_\_\_\_

In 400 words or less, please describe why you feel your nominee deserves to be named **Cancer Survivor of the Year**. Nominations should describe ways in which the nominee exhibits the "Qualities of a Cancer Survivor of the Year."\*

In your experience, what one word best describes your nominee.\*: \_\_\_\_\_