

**ALABAMA LEAGUE FOR NURSING
LAMPLIGHTER AWARD**

NOMINATION FORM

Name of Nominee for Award: _____

Home Address: _____

Home Telephone: _____

Work Telephone: _____

E-mail: _____

Name of Person Submitting Nomination: _____

Title/Position: _____

Telephone/Email: _____

Address: _____

Name of Nominating Organization: _____

Address: _____

Nomination Checklist:

_____ Attach a description of how the award nominee meets the criteria,
not to exceed 200 words.

_____ Attach 2 or 3 photographs of the nominee for the presentation
(or e-mail pictures to: floyd.jane@comcast.net)

_____ Enclose a check for the award fee of \$200, payable to:
Alabama League for Nursing.

_____ Mail nomination form with payment by **March 1, 2008** to:

Jane Floyd, RN, MSN,
Lamplighter Award Chairperson
5741 Tannahill Circle, Huntsville, Al 35892
E-mail: floyd.jane@comcast.net