



# 2008 Annual Excellence

## In Oral Health Awards

### Nomination Form

Please place a check next to the correct category for nomination.

Nomination for:

- the Outstanding Organization Award
- the Outstanding Clinician Award
- an Outstanding Community Leader Award
- an Outstanding Policy Maker Award

Nominee' s Name: \_\_\_\_\_

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

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

Contact Number: \_\_\_\_\_

Submitted By: (please print) \_\_\_\_\_

Phone # we may contact you at: \_\_\_\_\_

**On a separate sheet of paper (please limit to 1 page), please explain why you are nominating this individual or organization. Try to be as explicit in your reasoning as possible.**

If your Nominee is chosen may we let them know you nominated them? \_\_\_ Yes \_\_\_ No

In order to be considered for nomination,  
This form must be received in our office  
**NO LATER THAN, October 10, 2008**

Return this form to:  
**Oral Health Kansas, Inc.**  
**800 SW Jackson, Ste. 1120**  
**Topeka, KS 66612**  
**Fax: 785. 233. 5564.**