

**Randy Brenner Memorial Consumer Health Award Nomination Form**

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| **Nominee Contact Information**  |
| **Last Name (Nominee)**  | **First Name (Nominee)**  |
| **Work Address**  | **Home Address (optional)** |
| **E-mail**  | **Daytime Phone**  | **Evening Phone**  | **Best Time to Call** A.M. P.M.  |
| **Nominator Contact Information**  |
| **Last Name (Nominator)**  | **First Name (Nominator)**  |
| **Work Address**  | **Home Address (optional)** |
| **E-mail**  | **Daytime Phone**  | **Evening Phone**  | **Best Time to Call** A.M. P.M.  |
| **Provide (Nominator) a precise description of the nominee’s achievements in consumer health information services for which the nomination is being made. Use additional sheets of paper if necessary and include a current resume or curriculum vitae for the nominee.**  |
| **Signature of Nominator**  | **Date**  |
| **Deadline: September 30, 2023**  |
| **Return application form and accompanying documentation to:** **chair@libertymla.org** |