

**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**](mailto:chair@libertymla.org) | | | | |