

# POSTER PROJECT NOMINATION FORM

## SCIENCE EDUCATION PARTNERSHIP AWARD (SEPA) PROGRAM

### HEALTH AND SCIENCE CAREER ROLE MODELS IN YOUR COMMUNITY

Please type or print legibly. This is a non-paid, voluntary project.

_____ Name of the person you would like to nominate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
_____ Nominee's health/science career	_____ Nominee's place of employment
Tribal affiliation	
What attributes or characteristic traits do you admire in this person? <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>	

<b>Nominee Contact Information:</b>			
_____ Street Address / P.O. Box		Work (   )	
		Home (   )	
		Cell (   )	
_____ City / Town	_____ State	_____ Zip	_____ E-mail

<b>Your Contact Information:</b>			
_____ Name		Work (   )	
		Home (   )	
		Cell (   )	
_____ Street Address / P.O. Box			
_____ City / Town	_____ State	_____ Zip	_____ E-mail

Please return this form by E-mail to [sepa@unmc.edu](mailto:sepa@unmc.edu)

You may fax this completed form to (402) 559-6501  
 You can also mail a hardcopy of this completed nomination form to  
 SEPA Poster Project / 983075 Nebraska Medical Center, MSB2526 / Omaha, NE 68198-3075

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