

NOMINATION PACKAGE

Nominee Information:

Last name: _____ MI: __ First name: _____

Position / Title: _____

Organization: _____

Phone # _____ Fax # _____ Email: _____

Please attach the following:

❖ A letter of nomination that addresses the following questions:

- 1) The reason(s) why the nominee is being proposed as the recipient of the **Hyperbaric Research Prize**.
- 2) An explanation of the nominee's experiences and how they relate to the specific requirements of the award.
- 3) Examples of the nominees' work that is specific to the award for which they are being nominated.

Upon receipt of the above, the Baromedical Research Foundation administration will attempt to collect further information from the nominee including his / her current vitae, representative publications etc.

Information on the person submitting nomination:

Last name: _____ MI: __ First name: _____

Position / Title: _____

Organization: _____

Phone # _____ Fax # _____ Email: _____

***Send completed nominations to:
Dr. Samir Desai
Baromedical Research Foundation
5 Medical Park
Columbia, SC 29203
Telephone: 803.434.7101 Fax: 803.434.4354
Email: samir.desai@palmettohealth.org***