



# 2024

## NOMINATION FORM

**Please complete one form per nominee. Completed nominations are due by March 15, 2024.**  
Electronic nominations are encouraged.

New Nomination     Re-Nomination

NAME OF NOMINEE

STATEMENT OF WHY THEY HAVE BEEN NOMINATED

TITLE

INSTITUTION

BUSINESS ADDRESS

CITY

STATE

ZIP

BUSINESS PHONE

HOME ADDRESS

CITY

STATE

ZIP

HOME PHONE

ALTERNATE PHONE

EMAIL

NOMINATION SUBMITTED BY

TITLE/INSTITUTION

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

FIRST SUPPORTING LETTER WRITTEN BY

SECOND SUPPORTING LETTER WRITTEN BY

PREVIOUS AWARDS RECEIVED



### **Nomination Requirements**

Please be sure you have included the following items to complete your nomination.  
Nominations will not be considered without all required information and attachments.

- Nomination form (one for each nominee)
- Nomination letter
- Curriculum vitae
- Bibliography
- First supporting letter
- Second supporting letter

### **An online application form is available at:**

**[albanymed.org/albanyprize](http://albanymed.org/albanyprize)**

If you prefer not to complete the application online,  
it can be sent via U.S. Mail or express mail.

### **Mailing Address:**

43 New Scotland Ave., MC-119  
Albany, NY 12208

### **FedEx, UPS or DHL:**

628 Madison Ave.  
Albany, NY 12208

### **Completed nominations should be directed to:**

Hillary Weiss  
Albany Medical Center Foundation  
43 New Scotland Ave., MC-119  
Albany, NY 12208-3478

Phone: 518-262-3322  
Fax: 518-262-4090  
AMCPrize@amc.edu

**[albanymed.org/albanyprize](http://albanymed.org/albanyprize)**