



2008 Corris Boyd Leadership and Diversity Award

NOMINATION FORM Deadline October 10, 2007

Nominee Information: (I wish to nominate)

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

Reason for Nomination: Explain how the nominee has contributed to leadership and diversity in the healthcare industry. If additional space is needed, please use the back of this form or attach a letter (one page only), Please be sure to address the following criteria:

Leadership

- A professional that leads by example.
- Has driven their organization to excellence and has had an impact on other organizations.
- Demonstrates fairness in business transactions and dealing with people.
- Proven success in mentoring others.

Diversity

- Encourages diversity in the healthcare profession.
- Works to attract and retain employees from diverse backgrounds.
- Proven success in past programs.
- Active in creating new initiatives.
- Measurable results.

Nominator Information:

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

Please send nomination forms via mail, e-mail or fax to:



Bonnie Money Penny, Senior Vice President, Administrative Services
 Federation of American Hospitals
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 1405 N. Pierce St., Suite 311 Little Rock, AR 72205
 Fax: 501-663-4903 Phone: 501-661-9555 E-mail: bmoney penny@fah.org