



## 2008 Abraham Horwitz Award for Leadership in Inter-American Health Nomination Form

**Instructions:** This form may be used to nominate a committed leader whose contributions to public health have resulted in improvements in the lives of peoples throughout the Americas. Upon completion of this nomination form, send it and a letter of introduction signed by the nominator and a letter of support (no longer than two pages each) to the foundation. The letter of support must be signed by an individual other than the nominator, and preferably an individual who is from a country other than that of the nominee. Unsigned documents will not be considered.

Submitted items other than the required letters and the completed application form will not be considered by the jury.

Nominations received after **18 April 2008** *will* not be accepted.

Incomplete entries will not be considered.

There is a strong preference for typed nomination forms.

Nominee Information	
<b>Name of the candidate:</b>	
<b>Title:</b>	
<b>Address:</b>	
<b>City:</b>	
<b>Country:</b>	
<b>Telephone number:</b>	
<b>E-mail address:</b>	
<b>Nationality:</b>	
<b>Specialty:</b>	

**Academic Degrees**  
*(degree, university name and year of graduation  
list in reverse chronological order)*

- 1.
- 2.
- 3.
- 4.

**Recent Professional Experience**  
*(list in reverse chronological order)*

**Title**

**Year**

- 1.
- 2.
- 3.
- 4.

**Selected Publications**  
*(Author[s], date, article's title, journal or publication title, volume, number, pages)*

- 1.
- 2.
- 3.
- 4.

## Selected Honors

- 1.
- 2.
- 3.
- 4.

**Public Health Impact:**

**Describe why this nominee deserves to win the Horwitz Award 2007. Provide a description of the specific accomplishments, highlighting their significance to the Americas. The statement must be no longer than one page, double-spaced with 1 inch margins on all four sides, using Times New Roman 12pt font.**

(Please use the space provided, do not extend)

**Nominator's Information**

**Name of nominator:**  
**Title:**  
**Institution:**  
**Address:**  
**Telephone number:**  
**E-mail address:**  
**Relationship of nominator to nominee:**

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**Signature of Nominator:**

**Date:**

**Where did you learn about the award program?**

Website	Mailing	Journal announcement	List-serve/ e-mail announcement	Colleague