

**Tennessee Medical Association Alliance**

**The Dolores Chandra Excellence in Leadership Award  
Nomination Form  
2010**

*This form **must** accompany each nomination.*

Nominee's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Alliance \_\_\_\_\_



Nominated by \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Checklist for Excellence in Leadership Award Nomination**

- Letter of Nomination (detailed description of nominee as a leader)
- Recent Photo of Nominee
- Biographical, Personal Data of Nominee (family, career, alliance service, interests and hobbies, civic organizations)
- Support Information (newspaper clippings, letters of recommendation, alliance newsletters)

***Deadline for submission of this award is March 10, 2010***

*Please mail to:*

*TMA Alliance Headquarters  
2301 21<sup>st</sup> Ave. South  
Nashville, TN 37212  
Attention: TMAA Executive Assistant*

\_\_\_\_\_  
Signature of individual making nomination                      Date