



arkansas medical society 2013 shuffield award

nominee

name

place of employment

address

telephone number

highest degree held

submitted by

name

place of employment

address

telephone number

IMPORTANT: Provide a brief biographical summary of your nominee as well as a short narrative describing the nominee's accomplishments and contributions in the area of health care. Please let us know why this person is worthy of this award. **Your nomination cannot be considered without this information.** Limit supplemental materials to 10 items. Accompanying material can include letters, testimonials, news clippings, pamphlets, etc.

Nominations will not be accepted after March 1, 2013.

Send nominations to:

Arkansas Medical Society

P. O. Box 55088, Little Rock, Arkansas 72215

telephone: 1-501-224-8967 | fax: 1-501-224-6489

email: kwaldo@arkmed.org