

Paul G. Rogers / National Council on Patient Information and Education
2003 Medication Communicator Awards Program
Application Form
Deadline: June 30, 2003

Please print out this form (it cannot be completed on-line). Refer to the "Call for Nominations" at <http://www.talkaboutrx.org> for eligibility requirements and complete entry guidelines.

1. Award Category (check one):

- Individual
 Healthcare professional association, voluntary health agency
 Business
 Government

2. Nominee Information (check one):

Self-nomination YES NO If "NO", please complete:

Name of Nominator	_____	E-mail	_____
Name of Nominee:	_____		
Title:	_____		
Organization:	_____		
Mailing Address:	_____		
Street or P.O. Box:	_____		
City:	_____	State:	_____
Phone:	_____	Fax:	_____
Nominee's E-mail:	_____		

3. Theme Code (see definitions on "Call for Applications" - check one):

- A B C D

4. Entry Fees and Payment Information

Category	NCPiE Member	Non-Member
Individual	\$35	\$75
All other award categories	\$75	\$125

For NCPiE membership information, [click here](#).

Total Entry Fee: \$ _____

If paying by check (U.S. bank only), please make it payable to: **NCPiE**

Charge my credit card: VISA Mastercard Expiration: ___/___ (mm/yy)

Account Number

Before sealing your entry, be sure to include all applicable items described under "[Entry Guidelines](#)." Send submission, payment, and other materials by U.S. Postal Service or other carrier (faxed and e-mail submissions are prohibited) for receipt **by June 30, 2003** to:

NCPiE - Communicator Awards
4915 Saint Elmo Ave. Suite 505
Bethesda, MD 20814-6082
Phone: (301) 656-8565