



REQUIRED EXPERIENCE FOR HEALTHY CAREERS

2009 HBA "Rising Star Award Designation Form

Deadline to receive your designated "Rising Star" is **Friday, February 6, 2009**

CORPORATE PARTNER & MAIN CONTACT FOR ONGOING COMMUNICATIONS

Company Name: _____

Main Contact's Name: _____

Phone: _____ Email : _____

AWARD RECIPIENT INFORMATION

Recipient's Name (**as it will appear in print**): _____

Phonetic Pronunciation of name: _____

Title: _____

Direct Phone: _____ Email : _____

NOMINATOR INFORMATION (1 PERSON WHO FORMALLY SUPPORTS THE RISING STAR'S NOMINATION)

Nominator's Name (**as it will appear in print**): _____

Title: _____

Direct Phone: _____ Email : _____

STATEMENT ABOUT AWARD RECIPIENT

In **NO MORE THAN 75 words**, please provide a description of why the award recipient has been chosen for the HBA "Rising Star" award. **This description will APPEAR IN PRINT EXACTLY AS WRITTEN** along with the award recipient's photo in the Woman of the Year event program. For examples of previous statements, see <http://www.hbanet.org/Awards/Rising-Stars.aspx>.

AWARD RECIPIENT PHOTO

Please send the award recipient's photo electronically and adhere to the photo specifications below:

- The image resolution **must be AT LEAST 300 dpi** (dots per inch)
- The image original size **must not exceed 3x5 inches** (to prevent grainy/blurry images)
- The image output file format **must be a jpg, tif, or gif** (we can not work with other file types)

FORM SUBMISSION

Please return **completed form AND photo by Feb 6 via email** to Barbara Bull at bbull@hbanet.org.