

# Alberto Salazar “Asthma in Action” Award

## *Nomination Form*

Name of Nominee: \_\_\_\_\_

Address (if known): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is the nominee aware of this nomination?      Yes       No

What is your relationship to the nominee? \_\_\_\_\_

How has this nominee influenced the community through asthma research, education, or awareness? \_\_\_\_\_

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Why do you believe that this nominee deserves this award? \_\_\_\_\_

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To nominate a person to receive this award, please fill out the form and return to: **The American Lung Association of Oregon, Alberto Salazar Award Committee, 7420 SW Bridgeport Road, Suite 200 Tigard, OR 97224-7790.**

You may use one additional page to complete these questions.