

Nomination form for “Luna M. Woods Award”
Established April 22, 1993

NOMINATOR:

Address:

Phone:

NOMINEE: _____ /credentials: _____

Address: _____

Phone: _____

QUALIFICATIONS . . . Check as many as apply . . .

- Demonstration of dedication or educational leadership or extraordinary enthusiasm
or tireless commitment or professional achievement or conducting of research or
 special contribution or outstanding faithful service or attentive service or other
contribution(s). Please **SPECIFY** in detail below – a separate page may also be used:

..... that benefited **ANCCR** and the tumor registry profession.

The nominator must be **ANCCR** member in good standing. The nominee does not have to be a member of ANCCR. Deadline: none.

Signature of nominator

Date

Send with all supporting documentation to:

lvess@firsthealth.org

Or

Leta A. Vess, CTR
140 Lake Forest Dr. SW
Pinehurst, NC 28374