

1739 E. Carson Street, Box 351
Pittsburgh, PA 15203-1700, USA

Phone: (412) 343-ITNS (4867)
Fax: (412) 343-3959
E-Mail: itns@msn.com
Web: www.itns.org



**INTERNATIONAL
TRANSPLANT
NURSES
SOCIETY**

*ITNS Transplant Nursing Excellence Award
Nomination Form*

(Please print clearly or type)

Name of person **submitting** the nomination:

Return address:

Phone # _____

Email: _____

ITNS membership # _____ Years as ITNS member _____

Name of person being **NOMINATED** for the Nursing Excellence Award

Years worked in Transplantation (>5) _____ Years as an ITNS Member (> 3) _____

Current Position / Employer:

_____ / _____

Signature of person doing the nominating:

_____ Date _____

Nominations must be received or post-marked by July 15th.

Please return completed nomination form and one-page typed narrative
via fax 412-343-3959 or e-mail to itns_admin@msn.com