

MENTAL HEALTH ASSOCIATION OF SOUTHEAST FLORIDA



2017 EPIC
NOMINATION FORM



Exceptional People Impacting the Community

Nomination Deadline is Friday, March 3, 2017

INFORMATION ABOUT YOUR NOMINEE:

Name: _____

Company/Organization: _____

Telephone: () _____ **Fax:** () _____

Address: (Street) _____ (Apt./Suite) _____

(City) _____ (Zip) _____ (e-mail) _____

Please check the category(s) that the nominee represents: (EPIC committee determines final categories)

- | | |
|---|---|
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Media/Celebrity |
| <input type="checkbox"/> Community Service/Government | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Education | <input type="checkbox"/> Mental Health Consumer |
| <input type="checkbox"/> Philanthropist | <input type="checkbox"/> Public Official |
| <input type="checkbox"/> Other (please explain) | |

On a separate 8 1/2" x 11" page, please describe why you are nominating this individual for an EPIC Award. You must also include the name, telephone and fax number, address and role in the community of two (2) additional people supporting this nomination. Attach the information to the nomination form.

Is the person being nominated aware of your nomination? _____

If chosen, could nominee attend the EPIC Awards on Wednesday May 17, 2017? _____

Nominator's Name: _____

Company: _____

Telephone: () _____ **Fax:** () _____

Address: (Street) _____ (Apt./Suite) _____

(City) _____ (Zip) _____ (e-mail) _____



**Return your narrative and supportive contacts on or before *Friday, March 3, 2017*:
MHA fax # 954-746-6373 or mail to 7145 W. Oakland Park Blvd. Lauderhill, FL 33313**