



Nominee:

Name:

Email Address:

Phone Number:

Hospital:

Nominee's Position:

How has this nominee been a Healthcare Hero in our community?

If your nominee is selected as one of our Healthcare Heroes, we plan to recognize that hero during our virtual fundraiser.

Do you have a photo or video clip of this nominee?

Yes

No

If yes, please submit to [laura@louisebatz.org](mailto:laura@louisebatz.org)

If no, is your hospital able to provide a video clip if your nominee is selected?

Yes

No

Nomination Submitted By:

Name:

Email Address:

Phone Number: