



2011 Service Award Nomination Form

Please complete this form and mail, email, or fax to the Seminole County Medical Society at P.O. Box 951450, Lake Mary, FL, 32795; scms@scmsociety.com; or 407-804-9445.

Name of SCMS Member you are nominating:

Name of Project or Organization where member volunteers:

Please give a description of the work the Nominee has done and why you believe they deserve this award:

Submitted by (*please print*): _____

Date: _____

**All nominations must be received by October 14th, 2011 to be considered for the 2011 award.*