



SOLOVY AWARD FOR ADVANCEMENT IN COPD

Nomination Form - 2019

Name of Nominee: _____

Nominee Email: _____

Nominee Daytime Phone: _____

Institutional Affiliation (if applicable): _____

Your Name (Nominator): _____

Your Email: _____

Your Daytime Phone: _____

Is the Nominee able to attend Respiratory Health Association's summer reception taking place on June 27, 2019 to be presented with the Solovy Award? Yes No

Nominations can be faxed to (312) 243-7122 or
emailed to research@resphealth.org or
mailed to ATTN: Solovy Award Nomination, Respiratory Health Association, 1440 W.
Washington Blvd., Chicago, IL, 60607

Please contact Jennifer Kustwin, RHA Program Coordinator, with any questions about the Solovy Award or nominations at research@resphealth.org or 312.628.0219

Nomination letter received: Nominee CV received: