



SOLOVY AWARD FOR ADVANCEMENT IN COPD

Nomination Form - 2024

Name of Nominee: _____

Nominee Email: _____

Nominee Daytime Phone: _____

Institutional Affiliation (if applicable): _____

Your Name (Nominator): _____

Your Email: _____

Your Daytime Phone: _____

Nominations can be emailed to rmorkunas@resphealth.org or mailed to ATTN: Solovy Award Nomination, Respiratory Health Association, 1440 W. Washington Blvd., Chicago, IL, 60607

Submission Deadline: Friday, March 29, 2024

Please contact Rachael Morkunas, RHA Sr. Program Manager, with any questions about the Solovy Award nominations at rmorkunas@resphealth.org or 312.628.0233

Nomination letter received: _____ Nominee CV received: _____