



**HPMSNJ**  
Healthcare Planning & Marketing  
Society of New Jersey

**NOMINATION FORM  
ANNUAL HPMSNJ AWARDS**

**NOMINATION FOR SPECIAL ACHIEVEMENT AWARD**

For award description and criteria please visit [www.hpmsnj.org/awards](http://www.hpmsnj.org/awards)

**NAME OF NOMINEE:**

**NOMINEE ORGANIZATION:**

**NAME/PHONE/E-MAIL OF PERSON COMPLETING FORM:**

**PLEASE ELABORATE ON HOW THE NOMINEE MEETS THE CRITERIA FOR THIS AWARD:**

**PLEASE ATTACH ANY ADDITIONAL INFORMATION THAT MAY BE HELPFUL TO THE AWARDS SELECTION COMMITTEE.  
DEADLINE FOR SUBMISSIONS: OCTOBER 1, 2016 AT 5:00P.M.**

**PLEASE MAIL OR E-MAIL NOMINATION TO:**

**DON DYKSTRA**  
HPMSNJ, President  
760 Alexander Road - PO Box 1 - Princeton - NJ – 08543  
[ddykstra@newsolutionsinc.com](mailto:ddykstra@newsolutionsinc.com)