**NORTH TEXAS REGIONAL ADVISORY COUNCIL ON TRAUMA: AREA C**

**NOMINATING FORM FOR "Trauma System Advocate of the Year"**

**Name and Title of Nominee:** _____
**Organization:** _____
**Organization Address:** _____
**Organization Contact Name & Number:** _____
**E-Mail Address:** _____
**Nominee Address:** _____
_____

**Nominated by:** _____
**Contact number:** _____
**E-Mail Address:** _____

**I would like to nominate this person/organization for consideration of The Trauma System Advocate of the Year Award. (Please define how you see this person/organization demonstrate trauma system advocacy in their daily practice and why you or others believe they deserve this award.) Limit comments to one page if possible. Please submit nomination to Laura Pressler lpressler@unitedregional.org as soon as possible. Thank you**