



Nomination Form for the 2009 Cherokee Inspired Comfort Award

Surprise a friend or co-worker by nominating them for exceptional service, sacrifice and innovation, **which they provided in 2008**. We'll even send them an e-card of the nomination.

Make a difference in the life of a co-worker, peer or friend ... by nominating them for this national award!

Nominate until May 31, 2009!

This form will take you about 30 minutes to complete. Fields with an asterisk (*) must completely be filled out. *To complete an electronic nomination and get helpful tips, visit www.CherokeeUniforms.com.*

Information about the person you want to nominate (the nominee)

*Nominee's name: _____

*Where does the nominee work or attend school? _____

*Nominee's title at work: _____

*What type of healthcare professional is the nominee? (Check all that apply.)

RN Advanced Practice Nurse LVN/LPN Nursing Student Other Professional

*Nominee's daytime telephone number (including area code): _____

*Describe the exceptional service, sacrifice or innovation (*100-word minimum. Include as attachment.*)

*Where did your nominee provide the exceptional service, sacrifice or innovation?

City: _____ State: _____ Zip: _____

*In what setting did your nominee provide the exceptional service, sacrifice and innovation? (Choose one)

Hospital Nursing Home/ SNF TCU Outpatient Surgery Patient's Home
 Physician's Office Dental Office School of Nursing
 Other _____

*If you would like Cherokee Uniforms to send an e-card of this nomination to the person you are nominating, what is the nominee's e-mail address? _____

Information About You

Two free gifts are available to you for nominating: a gold pin etched with the Cherokee Inspired Comfort Award's emblem and a 2009 Cherokee Inspired Comfort Award calendar. Please indicate below if you would like one or both of the gifts. (Limit of 1 of each per household. Offer is good while supplies last.)

Gold Pin
 2009 Calendar

(Continued on back...)

*Your name: _____

*Your telephone number (including area code): _____

*Your e-mail address: _____

Street address (required if you want the gifts): _____

City: _____ State: _____ Zip: _____

Your association, school or employer may earn a \$1000 grant based on the number of nominations we receive. Whom would you like to get credit for this nomination? (Choose ONE)

Nursing School: _____

City: _____ State: _____

Association: _____

Employer: _____

City: _____ State: _____

If you currently attend a school of nursing, what is the full name of the school, and where is it located?

*How did you learn about the Cherokee Inspired Comfort Award? (Check as many as apply)

Cherokee's website A website (Which one?) _____

A publication (Which one?) _____

Colleague Retailer where I buy my uniforms My employer Letter/email from Cherokee

Communication from my professional association (Which one?) _____

Communication from my school of nursing (School name?) _____

Other _____

*Are you related to the person you are nominating? Yes No

If so, how? _____

*How do you know the person you are nominating? _____

*If you work with your nominee, who is your employer? _____

*If you work with your nominee, what is *your* title? _____

*Do you wear uniforms at work? Yes No

Name and location of retailer where you buy your uniforms: _____

Please mail your completed nomination forms to: Cherokee Inspired Comfort Award, Cherokee Uniforms, 9800 De Soto Ave., Chatsworth, CA 91311 (Postmarked by May 31, 2009)