

New York Weill Cornell Medical Center Alumni Council
2016 Distinguished Achievement Award for Physicians
Nominations

Your Name: _____

Your Phone Number: _____

Your Email Address: _____

Name of Nominee: _____

Please provide nominee's contact information (address, phone number,
and/or email) below:

Please provide a brief biography (*you may attach additional pages*):

Please Note: If you know multiple individuals who would be good candidates for this award, please feel free to submit the above for each candidate.

CAC Awards and Nominations Committee
New York Weill Cornell Medical Center Alumni Council
525 East 68th Street, Box 123
New York, NY 10065
Email: wig9017@nyp.org
Fax: (212) 832-0139

Thank you for your participation