

The Rose of Care

Nomination Form 2007



Do you know a Registered Nurse, living or working in Lee County, who has....

- Significantly impacted your life or the lives of others?
- Shown exceptional dedication to community and/or nation?
- Expanded the horizons of the role of nursing professionals?
- Demonstrated exceptional leadership in providing care to those in critical need?

Self nominations are welcomed.

PLEASE PRINT

Full name of RN nominee _____

Specialty area _____

Address _____

Zip Code _____ Phone No. _____

Place of Employment _____

E-Mail _____

Your name _____

Address _____

Phone _____

Why do you believe this individual meets the criteria to be named the first "Rose of Care" Award winner?

Use additional sheet if needed

Please mail to:

The Rose of Care

9131 College Parkway

Suite B-13

Port Myers FL 33908-5812

