

Multiple Myeloma HEROES

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Nomination Form for Multiple Myeloma (MM) Heroes

Please use this form to nominate your hero for the MM Awards Program. This unique recognition program will help raise awareness about multiple myeloma and honor those individuals who have gone above and beyond to make a difference in the lives of those affected by MM.

There are two ways to nominate your Multiple Myeloma Hero:

1. Once complete, submit your form to: MMheroes@curetoday.com
2. Complete the form and mail it to:

CURE
Attention: MM Heroes Award
Office Center at Princeton Meadows
666 Plainsboro Road
Building 300
Plainsboro, NJ 08536

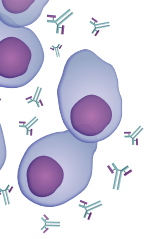
All completed nomination forms must be submitted by FEBRUARY 17, 2016.

Instructions:

The MM Heroes Award recognizes leadership in developing services and programs that address the needs of patients with multiple myeloma, families, friends, caregivers, and healthcare professionals by advancing the science and medical understanding of multiple myeloma, education, awareness, and/or approaches to care.

Types of work which will be honored include:

- Dedication by a nurse, physician, or caregiver whose contributions have had a clear impact
- Advocating for better care
- Activities at the grassroots level, promoting the patient's voice, providing MM community leadership
- Creating awareness programs, innovative educational materials, programs, or events, research and science-based programs, media outreach, or campaigns



APPLICATION:

Please complete for individual nominee (all required fields must be completed)*

Name* _____

Profession or role* _____

Affiliated organization/institution (if applicable) _____

Telephone* _____ E-mail* _____

Address* _____

City and State* _____ Zip* _____

Nominee is aware that I made this nomination and that he/she may be contacted for the MM Heroes program

Please check the box that best describes who you are nominating:

Caregiver

Physician

Nurse

Patient Advocate

Other, please describe _____

Please check the box that best describes why you are nominating this individual:

Program that changed behavior, attitudes, awareness, and policies for the better

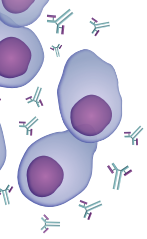
Advancing the science of multiple myeloma

Ensuring the voices and concerns of multiple myeloma patients are heard

Grassroots, local activities to serve people with multiple myeloma

Developing new or innovative educational materials, programs, events

Other _____



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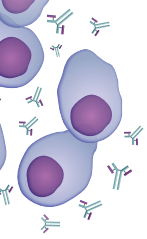
Please answer the following questions about the person you have nominated.

Why do you think your nominee deserves to be recognized?

(Please provide detailed information. Suggested word count: 250 words or less)

What actions taken or programs, projects, or services did your nominee accomplish to improve the MM community or the life of a patient(s) with multiple myeloma?

(Please be as specific as possible. Maximum: 250 words)



Multiple Myeloma HEROES



Please provide your contact information (all required fields must be completed)*

Name* _____

Telephone* _____ E-mail* _____

Address* _____

City and State* _____ Zip* _____

Organization/institutional affiliation (if applicable) _____

By signing below, I attest that the responses provided in this form are true and accurate to the best of my knowledge:

Signature _____ Date _____

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