



**SMA** ∴ **Southern Medical Association**  
Advocacy, Leadership, Quality and Professional Identity

### **Special Awards Nomination Form**

I wish to nominate the following physician as a recipient of the (check only one):

- Distinguished Service Award
- Seale Harris Award
- Dr. Robert D. and Alma W. Moreton Original Research Award

\_\_\_\_\_  
Name of Nominee (Please print or type)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip  
(\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
Name of Nominator

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip  
(\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

Yes, I have included my letter of recommendation.

Return to:  
Southern Medical Association  
Attn: Special Awards Committee  
PO Box 190088  
Birmingham, AL 35219-0088  
800-423-4992 or 205-945-1830  
**Deadline is August 15, 2011.**