

(Date)

(Insert name and address of recipient)

Dear(Insert name of recipient),

Congratulations! You have been nominated for the (Insert year) Distinguished Member Award as recognized by the Ohio Health Information Management Association. Please indicate your interest in pursuing this award by completing the following and returning to me by (Insert date)

- _____ 1. I agree to participate in the awards program. (Go to #3).
- _____ 2. I appreciate being nominated, but do not wish to participate in the awards program this year. (Stop here and return the address below).
- _____ 3. The following documentation is needed in order for your nomination to be reviewed by the Awards Selection Committee:
- one copy of your curriculum vitae or resume
 - one copy of any published material
 - other appropriate documentation supporting your contributions and achievements in HIM

Thank you for taking the time to complete this request.

Sincerely,

(Insert name)

Project Leader – OHIMA Awards

If you are participating in the (Insert year) Awards program, please mail, fax, or email your additional information by (insert date) to:

(Insert awards chair name and address)

Phone:

FAX:

Email: