

THE ANNUAL SOUTH CAROLINA HIV, STD AND VIRAL HEPATITIS CONFERENCE  
AWARD NOMINATION FORM

- ◆ ***Excellence in HIV, STD and Viral Hepatitis Prevention Award***
- ◆ ***Excellence in HIV, STD and Viral Hepatitis Clinical Services Award***
- ◆ ***Excellence in HIV, STD and Viral Hepatitis Care and Support Services***
- ◆ ***Outstanding Partner Award***
- ◆ ***Unsung Heroes Community Recognition***

The Planning Committee of the 2016 SC HIV, STD and Viral Hepatitis Conference is requesting your cooperation and input with the nomination of outstanding individuals and groups who are involved with HIV, STD and Viral Hepatitis prevention, treatment, or care services. In the past, the Conference has recognized volunteers as well as employees of community-based organizations and statewide agencies such as SC DHEC, the American Red Cross, alcohol and drug abuse programs, HIV/AIDS service/education organizations, and others. This year, the Conference will again provide a forum for acknowledging these outstanding talents in our state.

Please carefully read the purpose and requirements for each of these awards. You may submit multiple nominations; however, only one nomination category per individual is allowed. You may submit pictures, newspaper articles, or other materials that may be used during the public awards ceremony presentation. Please note that printed and photo materials will not be returned.

**The deadline for receiving nominations is Friday, August 26, by 5:00 PM.** Thank you for your participation.

If you have any questions or need more information, contact Celeste Caulder, Awards Committee Chair, at (803) 777-4370.

**Please provide the requested information as outlined. All nominations must be typed and received by 5:00 PM on Friday, August 26, 2016.**

1. Name of Award (Please specify only one award per nominee).
2. Full Name of Nominee (Nominee is the person receiving the award).
3. Nominee Contact information (address, phone numbers (work and other, please), and email address).
4. Description of why the individual or organization should receive the award. Please be certain to address the purpose and requirements listed for the award. ***Note that no more than a one page may be submitted.***
5. Additional documentation is optional. If appropriate and available, media articles and/or letters of support, which may assist the Events and Awards Subcommittee in its decision-making process, may be included. ***Note that no more than three pages of additional documentation may be submitted.***
6. Name, address, phone number, and email address of individual submitting the nomination.

The undersigned does hereby give permission for the use of pictures, newspaper articles, media, and other materials (Copyright and otherwise) submitted to be used in order to assist the Awards Team in its decision-making process for the 2016 South Carolina HIV, STD and Viral Hepatitis Conference Awards. I understand that these materials may be used during the public awards ceremony presentation and will not be returned. The undersigned does hereby give permission for the use of the aforementioned documents. This release is intended to discharge in advance the 2016 South Carolina HIV, STD and Viral Hepatitis Conference Planning Committee, its officers, agents, and representatives, from and against any and all liability arising from Conference activities.

Name & Title (Please Print): \_\_\_\_\_

Organization/Agency: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For 2016, only electronic submissions will be accepted. The entire document can be completed and saved as a Word document. The complete Word document must be e-mailed to [schiv.std.vhconference@gmail.com](mailto:schiv.std.vhconference@gmail.com).**