

Award Program Entry Form

**Entry Deadline:
April 10, 2009**

Entry# _____
(For NHIA office use)

- Please type or print all information below.**
- Submit one form per entry—choose one Class, one Audience, one Division and one Category for each entry. Please photocopy this form for additional entries. Enclose two (2) identical samples of each entry.

Contact Name _____ Contact Title _____
 Contact Organization _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ E-mail _____

Award Information: Please type or neatly print all information exactly as it would appear on the certificate should you win an award. Entry title must be the actual name of the piece – not a generic description.

Entry Title _____
 Organization (If different than Contact Organization) _____

Class
(Choose One)

- | | |
|---|---|
| <input type="checkbox"/> Health Promotion/Disease and Injury Prevention Information | <input type="checkbox"/> Consumer Decision-Making Information |
| <input type="checkbox"/> Patient Education Information | <input type="checkbox"/> Other/Miscellaneous Health Information |

Audience
(Choose One from General column)

- | | |
|--|---|
| GENERAL (Required) | SPECIAL POPULATIONS (Optional) |
| <input type="checkbox"/> Children—birth-12 years and/or their parents | <input type="checkbox"/> Minority
<i>Specify</i> _____ |
| <input type="checkbox"/> Adolescents/Young Adults 13-20 years and/or their parents | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Adults 21+ years | <input type="checkbox"/> Other— <i>Specify</i> _____ |
| <input type="checkbox"/> Older Adults 60+ years | |
| <input type="checkbox"/> Other— <i>Specify</i> _____ | |

Division
(Choose One)

- | | |
|--|---|
| <input type="checkbox"/> Association/Professional Society | <input type="checkbox"/> Insurance Company |
| <input type="checkbox"/> Business (Private) 50+ employees | <input type="checkbox"/> Media/Publishing |
| <input type="checkbox"/> Business (Private) less than 50 employees | <input type="checkbox"/> Medical Communications |
| <input type="checkbox"/> Community Organization (nonprofit) | <input type="checkbox"/> Nurses/Allied Health Professionals |
| <input type="checkbox"/> Consumer Products | <input type="checkbox"/> Pharmaceutical Company |
| <input type="checkbox"/> Education | <input type="checkbox"/> Pharmacy/Drug Store |
| <input type="checkbox"/> Government (Public Sector) | <input type="checkbox"/> Physician/Group Practice |
| <input type="checkbox"/> HMO/Managed Care System | <input type="checkbox"/> Other/Miscellaneous |
| <input type="checkbox"/> Hospital/Health Care System | |

Category
(Choose One)

- | | |
|--|---|
| Single (1) Entry | <input type="checkbox"/> Public Service Ad |
| <input type="checkbox"/> Book* | <input type="checkbox"/> Radio Ad |
| <input type="checkbox"/> Booklet/Brochure/Pamphlet | <input type="checkbox"/> Radio Reporting |
| <input type="checkbox"/> Calendar | <input type="checkbox"/> TV Ad |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> TV Reporting |
| <input type="checkbox"/> Logo Design | <input type="checkbox"/> Video* |
| <input type="checkbox"/> Magazine (<i>one issue</i>) | <input type="checkbox"/> Other/Miscellaneous Material |
| <input type="checkbox"/> Magazine Ad | |
| <input type="checkbox"/> Magazine/Newspaper/Newsletter Article | Total Programs/Series Entry |
| <input type="checkbox"/> Newsletter (<i>one issue</i>) | <input type="checkbox"/> Magazine/Newspaper/Newsletter Article Series (same topic)* |
| <input type="checkbox"/> Newspaper (<i>one issue</i>) | <input type="checkbox"/> Total Health Information Program* |
| <input type="checkbox"/> Newspaper/Newsletter Ad | <input type="checkbox"/> Total Special Health Event Program* |
| <input type="checkbox"/> Photo/Illustration | |
| <input type="checkbox"/> Poster | |

Entry and Payment Mailing Address

Questions?
 Phone:
 1-800-828-8225
 E-mail:
 info@healthawards.com

Entry Fee: \$49 per entry * \$20 additional fee for categories marked with an asterisk.

Entry Fee: \$49 + Additional Fees* (if applicable) _____ **TOTAL \$** _____

Make checks payable to: Health Information Resource Center (HIRC) or use VISA/MasterCard. (Sorry, Amex not accepted)

Send To: 2009 National Health Information Awards

c/o Health Information Resource Center

1850 W. Winchester Road, Suite 213 • Libertyville, IL 60048-5355

Method of Payment: Check enclosed VISA MasterCard

Card No. _____ Exp. Date _____

Signature _____ Print Name _____

The Health Information Resource Center's Federal Tax I.D. # is 36-3559293.