

MENTAL HEALTH AMERICA OF SOUTHEAST FLORIDA



2024 EPIC
NOMINATION FORM



Exceptional People Impacting the Community

Nomination Deadline is Friday, February 23, 2024

INFORMATION ABOUT YOUR NOMINEE:

Name: _____

Company/Organization: _____

Telephone: _____ **Fax:** _____

Address: (Street) _____ **(Apt./Suite)** _____

(City) _____ **(Zip)** _____ **(e-mail)** _____

Please check the category(s) that the nominee represents: (EPIC committee determines final categories)

- | | |
|---|---|
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Media/Celebrity |
| <input type="checkbox"/> Community Service/Government | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Education | <input type="checkbox"/> Mental Health Consumer |
| <input type="checkbox"/> Philanthropist | <input type="checkbox"/> Public Official |
| <input type="checkbox"/> Other (please explain) | <input type="checkbox"/> LGBTQ+ |

On a separate 8 1/2" x 11" page, please describe why you are nominating this individual for an EPIC Award. You must also include the name, telephone and fax number, address and role in the community of two (2) additional people supporting this nomination. Attach the information to the nomination form.

Is the person being nominated aware of your nomination? _____

If chosen, could nominee attend the EPIC Awards on Wednesday May 22, 2024? _____

Nominator's Name: _____

Company: _____

Telephone: _____ Fax: _____

Address: (Street) _____ (Apt./Suite) _____