

THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL  
**SERVICE AWARD FOR A POLIO-FREE WORLD**

Nomination Form

Deadline: 1 November

Please submit this form to the PolioPlus program of The Rotary Foundation by email to [polioplus@rotary.org](mailto:polioplus@rotary.org) or by fax to 847-556-2189.

This is a proposal for an award for outstanding service:

(check one)

Within a Region (World Health Organization Region).

or

Internationally (for service beyond a Region).

**Nominee Information:**

Name \_\_\_\_\_  
Surname First Middle

Address \_\_\_\_\_

\_\_\_\_\_

Country \_\_\_\_\_

Rotary Club \_\_\_\_\_ District \_\_\_\_\_

**Proposer Information:**

Name \_\_\_\_\_  
Surname First Middle

Address \_\_\_\_\_

\_\_\_\_\_

Rotary Club \_\_\_\_\_ District \_\_\_\_\_

What is the proposer's relation to the nominee? (District Governor to district or club committeemen, Chairman of National Committee to member of national committee, etc.)

\_\_\_\_\_

\_\_\_\_\_

**ONLY SERVICE SINCE 1 NOVEMBER 1992 CAN BE CONSIDERED**

**Service:**

Explain in detail what the nominee has done which merits recognition as being an active, personal, non-financial contributor to the eradication of polio; why it has been outstanding; when it was performed. If the nomination is being made for an international level award, explain why the service is broader than that confined to a single WHO region.

**Committee Service:**

The nominee has served the following committees:

- Club PolioPlus Committee      Year(s) \_\_\_\_\_ - \_\_\_\_\_ Chairman Year(s) \_\_\_\_\_ - \_\_\_\_\_
- National PolioPlus Committee      Year(s) \_\_\_\_\_ - \_\_\_\_\_ Chairman Year(s) \_\_\_\_\_ - \_\_\_\_\_
- Regional PolioPlus Committee      Year(s) \_\_\_\_\_ - \_\_\_\_\_ Chairman Year(s) \_\_\_\_\_ - \_\_\_\_\_
- International PolioPlus Committee Year(s) \_\_\_\_\_ - \_\_\_\_\_ Chairman Year(s) \_\_\_\_\_ - \_\_\_\_\_
- PolioPlus Partners      Year(s) \_\_\_\_\_ - \_\_\_\_\_ Chairman Year(s) \_\_\_\_\_ - \_\_\_\_\_
- PolioPlus Speakers Bureau      Year(s) \_\_\_\_\_ - \_\_\_\_\_ Chairman Year(s) \_\_\_\_\_ - \_\_\_\_\_
- IPPC Consultant/Advisor      Year(s) \_\_\_\_\_ - \_\_\_\_\_ Chairman Year(s) \_\_\_\_\_ - \_\_\_\_\_

Note: Above service is not mandatory to receive the award but may be helpful to judge the service and determine eligibility.

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Signed