

Entry Form
**The Fifteenth Annual NIHCM Foundation
Health Care Research Award**

Entrant's Name:

Title:

Organization:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Entry Title:

Where and when was this research article published?

Please specify how you learned about the Research Award.

Be sure to include **TWO** clear copies of **EACH** the following:

- Completed entry form for each entry
- 8.5"x11" copy of the article
- A brief biography of the author(s). Please include contact information for each author.
- A summary (100 word or less) description of how the entry is relevant to one or more of the subject areas:
 - 1) Health care financing, delivery, or organization
 - 2) Implementation of health policy

- ONE \$10 handling fee PER ENTRY (check payable to NIHCM Foundation) is also required.

Please submit entries to:
Nancy Chockley
President & CEO
NIHCM Foundation
1225 19th Street, NW, Suite 710
Washington, DC 20036-2604

Signature of Entrant

Limit of two entries per author. Entries must be postmarked by February 27, 2009