

2012 Entry Form

Entry# _____
(For NHIA office use)

Type or neatly print all information below. Submit two copies of this form with each entry.

Contact Information

Who we should contact if your entry wins an award.

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

Award Information

Used on certificate and winners list should you win.

Entry Title _____ Actual name of the piece
Organization _____ If different than organization above

Class

What type of information is being submitted? (Check only one)

- Health Promotion/Disease and Injury Prevention Information
 Patient Education Information
 Consumer Decision-Making Information
 Other/Miscellaneous Health Information

Audience

What is this entry's intended audience? (Check only one from General column.) Also, select special population if appropriate

- General** (Required)
 Children—birth-12 years and/or their parents
 Adolescents/Young Adults—13-20 years and/or their parents
 Adults 21+ years
 Older Adults 60+ years
 Other—Specify _____
- Special Populations** (Optional)
 Minority Specify _____
 Disabled
 Low-Literacy
 Other—Specify _____

Division

What type of organization produced this entry? (Check only one)

- Association/Professional Society
 Business (500+ employees)
 Business (less than 500 employees)
 Community Organization (nonprofit)
 Consumer Product Company
 Education
 Government
 Health Plan
 Hospital/Health Care System
 Insurance Company
 Media/Publishing
 Medical Communications Agency
 Nurses/Allied Health Professionals
 Pharmaceutical Company
 Pharmacy/Drug Store
 Physician/Group Practice
 Other/Miscellaneous

Category

What type of entry is being submitted? (Check only one)

- Single (1) Entry**
 Book*
 Booklet/Brochure/Pamphlet
 Calendar
 Direct Mail
 Logo Design
 Magazine (one issue)
 Magazine Ad
 Magazine/Newspaper/Newsletter Article
 Newsletter (one issue)
 Newspaper/Newsletter Ad
 Poster
 Public Service Ad
- Radio Ad
 Radio Reporting
 TV Ad
 TV Reporting
 Video*
 Other/Miscellaneous Material
- Total Programs/Series Entry**
 Magazine/Newspaper/Newsletter Article Series (must be same topic)*
 Total Health Information Program*
 Total Special Health Event Program*

Entry Deadline
May 31, 2012

*Additional \$20 fee required.

Payment Information

Questions?

Call: 1-800-828-8225
E-mail: info@healthawards.com

Entry Fee **\$52**
Additional \$20 Fee* (if applicable) + _____
TOTAL = _____

Method of Payment:

- Check enclosed
 Visa MasterCard American Express

Make checks payable to:

Health Information Resource Center (HIRC)
(Federal Tax ID#: 36-3559293. Note: The Health Information Resource Center is a division of American Custom Publishing.)

Mail To:

2012 National Health Information Awards
% Health Information Resource Center
1850 W. Winchester Road, Suite 213
Libertyville, IL 60048-5355

Credit Card Payments:

Card Number _____
Expiration Date _____
Print Name _____
Signature _____