**NOMINATION FORM FOR LEMUEL W. DIGGS AWARD**

**TENNESSEE ASSOCIATION OF BLOOD BANKS**

Article IX. Section 1 of the by-laws states: “Each year the association will present a plaque or other suitable award to a person adjudged by the committee on awards to have made a signification contribution to blood banking in the State of Tennessee. This award shall be known as the “**Lemuel W. Diggs**” Awards and presented at the annual meeting.

**Please Type or Print Nominee Information**:

**FULL NAME**

**DEGREE/TITLE**

**HOME ADDRESS**

 **STREET ADDRESS CITY STATE ZIP**

**WORK ADDRESS**

 **STREET ADDRESS CITY STATE ZIP**

**EMAIL**

**WORK HOME**

 **PHONE NUMBER PHONE NUMBER**

**CELL FAX**

 **PHONE NUMBER PHONE NUMBER**

**REASON(S) FOR NOMINATION:**  (Use other side or additional sheets as necessary.)

**SUBMITTED BY:** **“DEADLINE FEBRUARY 16th”**

**FULL NAME**

**ADDRESS**

 **STREET ADDRESS CITY STATE ZIP**

**EMAIL PHONE**

**RETURN BY:** Tennessee Association of Blood Banks  **or** Email: Lesley Branscum

 Attn: Diggs Award info@tabbonline.org

 P.O. Box 330948

 Nashville, TN 37203