



# Mayors Committee on Life Sciences

A partnership of the New Jersey State League of Municipalities  
& We Work for Health New Jersey

\* Please return form to Terri O'Connell at [terrioconnell@comcast.net](mailto:terrioconnell@comcast.net) \*

## 2017 Patient Courage Award Nomination Form

**Patient/Caregiver Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Non-Profit Patient Support Group (if applicable)**

\_\_\_\_\_

**Patient Story:** (Attach additional sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Nominating Mayor:**

Name: \_\_\_\_\_

Municipality: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Patient Contact Information (if different from above):**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Date submitted: \_\_\_\_\_

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**For more information, email or call 856-740-3666.**