

REASON(s) OF NOMINATION:

Please describe your experience, uniqueness / novelty of the facility or service provider and the reason(s) for our nomination

Signature _____

Date _____

TERMS AND CONDITIONS

1. Eligibility: participation is open to anyone within the healthcare industry, healthcare professionals, government agencies, NGOs, entrepreneurs etc
2. Permissible entries: The maximum number of entry from any individual, group, partnership or larger practice is ONE per category.
3. Nomination deadline: All completed nomination forms must reach the award committee by the due date, after which the nomination will not be accepted. The award committee is not responsible for any entry not received before nomination deadline or due to postal delays.
4. Cancellation or Withdrawal: Withdrawal of any nomination will only be accepted if made in writing before the nomination deadline.
5. Acceptance of your nomination: All nominations are subject to approval and at the sole discretion of the Organizers, any nomination may be disqualified.
6. Each nomination form can carry only one nomination in one specific category.

DECLARATION

I, (Nominator's name)

hereby declare that the information provided is true and I agree with the terms, conditions and privacy policy of Nigerian Healthcare Excellence Awards.

Signature Date.....

Completed nomination form must be submitted either by e-mail or to the address below:

LAST DATE FOR RECEIVING NOMINATIONS IS MAY 25, 2018

Nominations received after Closing date will not be accepted for review this year.



ANADACH GROUP

Nigerian Healthcare Excellence Award PROJECT OFFICE

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