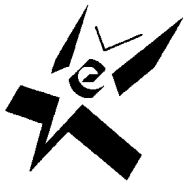


MENTAL HEALTH ASSOCIATION OF BROWARD COUNTY



EPIC NOMINATION FORM

Nomination Deadline is March 23, 2007

Information about the Nominee:

Name: _____

Role in Community: _____

Telephone: () _____ Fax: () _____

Address: (Street) _____ (Apt./Suite) _____

(City) _____ (Zip) _____ (e-mail) _____

Please check the category(s) that the nominee represents: (The EPIC committee reserves the right to determine final categories)

- | | |
|---|---|
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Media |
| <input type="checkbox"/> Community Service/Government | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Education | <input type="checkbox"/> Mental Health Consumer |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Public Official |
| <input type="checkbox"/> Other (please explain) | |

On a separate 8 1/2" x 11" page, please describe why you are nominating this individual for an EPIC Award. Also please include the name, telephone and fax number, address and role in the community of two (2) additional people supporting this nomination. Attach the information to the nomination form.

Is the person being nominated aware of the nomination? _____

If chosen, nominee could attend the EPIC Awards luncheon on May 23, 2007? _____

Nominator's Name: _____

Role in Community: _____

Telephone:() _____ Fax: () _____

Address : (Street) _____ (Apt./Suite) _____

(City) _____ (Zip) _____ (e-mail) _____

Fax this form and attached narrative to MHA at 954-746-6373 or mail to 7145 W. Oakland Park Blvd. Lauderhill, FL 33313