



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 *

2018 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.