

HCEA DISTINGUISHED SERVICE AWARD GUIDELINES

HCEA established the Distinguished Service Award to acknowledge individuals who made a significant contribution to this Association and/or to the healthcare convention & exhibition industry throughout the years. This is a lifetime achievement award, meaning the nominated individual should have at least 10 years experience in the healthcare convention and exhibition industry.

To nominate an individual for this prestigious award, please review the eligibility requirements below, as well as carefully read and review the Nomination rules and regulations. If the individual meets the requirements, please complete the HCEA Distinguished Service Award (DSA) nomination form and submit your DSA nomination to HCEA Headquarters; attn: Nomination Committee.

Your submission will be acknowledged within 7 working business days. If you do not receive an acknowledgement within the time frame, please contact HCEA and ask to speak with the Executive Vice President.

Eligibility

1. Only individuals may be nominated.
2. Nominated individuals do not have to be an HCEA member.
3. The nominee should have at least 10 years experience in the healthcare convention and exhibition industry.
4. Nominee does not have to be actively involved in the healthcare convention and exhibition industry at time of nomination, or at time of issuance, to receive award.
5. The nominee may not be a previous recipient; as stated above this is a Lifetime Achievement award.
6. Nominee must receive at least three other written recommendations, in addition to the DSA nomination form submitted by the nominator.
7. If requested, nominee (or nominee spokesperson) should be able to substantiate claims made in the nomination form (e.g. provide copies of industry related authored articles, provide affirmation of achievements and affirmation of details provided in DSA submitted nomination form).

Nomination Rules/Regulations

1. The Award does not have a predetermined frequency -- it only will be presented when the Nominating Committee determines that it has received a qualified candidate.
2. Nominations must be received by HCEA Headquarters no later than March 1 to be awarded at that year's Annual Meeting.
3. The Nominating Committee Chair will accept completed nomination forms and will check and review for completeness.
4. Incomplete forms will be returned to Nominator.

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Nomination Rules/Regulations continued:

5. Complete and eligible forms will be distributed to, and reviewed by, Nominating Committee.
6. Qualified nominations will be presented to the HCEA Board of Directors for consideration and vote at their Spring Board Meeting.
7. DSA Award recipients will be notified of this award by no later than 30 days in advance of that year's Annual Meeting.
8. Nominees not selected for receipt of the award will automatically be included on the next year's list of nominations and will remain on the list for that time.
9. Incomplete forms will not be considered and will be returned to Nominator.

DSA Award Promotion

1. The Award(s) will be presented at the HCEA Annual Meeting.
2. The nominator will be asked to make the presentation during the Annual Meeting Business Lunch.
3. The DSA Award recipient(s) will be acknowledged in HCEA publications as well as media releases distributed to interested media.



DISTINGUISHED SERVICE AWARD

Nomination Application

Complete the following information and return to HCEA Headquarters, attn: Nominating Committee, no later than March 1. You are nominating an “individual” who has made a significant contribution to this Association and/or to the healthcare convention & exhibition industry throughout the years. This is a lifetime achievement award, meaning the nominated individual should have at least 10 years experience in the healthcare convention and exhibition industry.

In addition to your own nomination, you must provide three (3) additional letters of recommendation in support of this nomination. If a CV of the nominee is available, please attach at this time.

Submission Date: _____ Receipt Date (completed by HCEA) _____

Nominator:

Name: _____

Title: _____

Organization: _____

Address: _____

Phone: _____ **Fax:** _____ **eMail:** _____

Nominee

Name: _____

Title (current or previous): _____

Organization: _____

Address: _____

Phone: _____ **Fax:** _____ **eMail:** _____

Questions*

1. In your opinion, why does this nominee deserve to be acknowledged by HCEA?

2. Why are you nominating this individual? Please provide a 50 word personal statement about this nominee listing specific healthcare convention & exhibition related achievements this person has accomplished. Expound on the effects this person has had on HCEA and/or the healthcare convention and exhibition industry:

3. How long has this person been involved in the industry? (Eligible candidates must have at least 10 years experience.)

4 Tell us more about this individual nominee; specifically have they:

Participated on any HCEA or other Trade Committees? Y or N
If yes, please identify committees and length of participation:

Lectured on healthcare convention & exhibition related subjects? Y or N
If yes, please identify programs and dates of presentation:

Published any healthcare convention or exhibition related articles? Y or N
If yes, please identify:

Served on any exhibit related committees, Task Forces, or Board of Directors? Y or N
If yes, please identify:

Served on any industry Advisory Councils? Y or N
If yes, please identify:

Brought new ideas or processes to the table which changed our industry? Y or N
If yes, please elaborate

Has this nominee volunteered his or her personal time to the healthcare convention & exhibitions industry? Y or N
If yes, please elaborate

5. Provide the names and telephone numbers of at least three other references that will supply written references supporting this nomination:

Name: _____

Organization: _____

Phone: _____ Fax _____ email _____

Affiliation to Nominee:

Name: _____

Organization: _____

Phone: _____ Fax: _____ email _____

Affiliation to Nominee:

Name: _____

Organization: _____

Phone: _____ Fax, _____ email _____

Affiliation to Nominee:

Please provide any additional information which you feel helps exemplify the nominee's contribution to HCEA and/or the industry (e.g., articles, awards, letters of recommendation).

***Attach an additional sheet if necessary in answering questions.**

Thank you for your nomination!