



# Miracles Breakfast 2018 Nomination Form

We invite you to submit nominees who are mentors or leaders in your community. You may nominate in one or more categories. Please use one nomination form per candidate.

Your Name: \_\_\_\_\_ Your Organization: \_\_\_\_\_

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

Nominee's Name & Credentials: \_\_\_\_\_

Nominee's Organization: \_\_\_\_\_ Nominee's Phone: \_\_\_\_\_

**Please indicate the nomination category:**

**Miracles Tribute:** Honors a professional for lifetime achievement and outstanding service in the treatment of addiction and mental health disorders.

**Inspiration Tribute:** Honors a healthcare professional who has created innovations in the treatment of addiction and mental health disorders.

**Hope Tribute:** Honors a professional who has advocated for children or adolescents affected by addiction and mental health disorders.

**Courage Tribute:** Honors a professional who has empowered the addiction and mental health communities through advocacy, leadership and courage.

**Briefly describe how this person contributes to your community and why he or she deserves to be acknowledged. Continue on a separate sheet of paper if necessary.**

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