



TxHIMA

TEXAS HEALTH INFORMATION MANAGEMENT ASSOCIATION

2008 DISTINGUISHED MEMBER NOMINEE FORM

Nominee: _____

Address: _____

Phone: _____ E-mail: _____

Contributions

HIM offices, committees, positions: _____

Campus, church or community activities: _____

Other activities or contributions to health or administration field (e.g. teaching or instruction activities):

Participation in state, local or national HIMA activities: _____

Published papers, books or articles: _____

Presentations: _____

Honors and Awards

Awards: _____

Other honors: _____

Other pertinent information: _____

Please return completed form to TxHIMA, 1700 A Ranch Road 12 #345, San Marcos, TX 78666 or txhima@txhima.org by March 1, 2008