

NETWORK IN AGING OF WNY, INC.

"Program of Excellence Award"

Nominee for 2010

Name of Program: _____

Name of Organization: _____

Address: _____

Phone: _____ Contact Person: _____

History of the Program (Development): _____

How the Program Benefited the Aging of WNY: _____

Nominator's Name: _____

Agency/Facility: _____

Address: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____

(Use additional sheets if necessary)

Please Forward All Nominations To:

**Network in Aging of WNY, Inc., University at Buffalo, 515 Kimball Tower,
3435 Main Street, Buffalo, NY 14214-3079**

Fax - 716-829-3217 or E-mail - info@networkinaging.com

DEADLINE TO RECEIVE NOMINATIONS IS

FRIDAY, SEPTEMBER 17, 2010