# Council Meeting 2018 Donor/Recipient Meeting Nominations

**The National Marrow Donor Program® (NMDP)/Be The Match® is seeking nominations of individuals to be featured at future donor-recipient meetings, including Council Meeting.**

**Minimum criteria for nominations (donors and recipients):**

* Be a donor or recipient of a matched, unrelated transplant facilitated by NMDP/Be The Match
* At least one year post transplant / post donation
* In good health
* Able to travel
* Willing to meet in public, before an audience
* Willing and able to participate in media interviews
* Be warm, friendly, eager to share their story
* As much information as possible about both the donor and the recipient
* Ability to provide photos for videos shown at Council Meeting
  + **These videos run around two minutes and ideally require around 30 photos**

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| **Bonus considerations!**  The following kinds of detail make donor/recipient meetings especially rewarding and motivational! | |
| **Donor**   * Interesting motivation for joining and donating * Example of donor’s commitment * Overcame barriers to donate * Used NMDP/Be The Match donor advocacy services * Interesting background story – work, school, family, hobbies, interests * Prior, anonymous correspondence with recipient – eagerness to meet * Demonstrated enthusiasm for our mission (Volunteerism, advocacy, recruiting efforts) * Some aspect of story touches on importance of increasing cultural diversity on registry | **Recipient**   * Interesting background story – work, school, family, hobbies, interests * Interesting transplant details that highlight science – challenging search, clinical trial, reduced intensity, dual cord, etc. * Inspiring support network of family/friends * Received NMDP/Be The Match patient assistance or search support services * Prior, anonymous correspondence with donor – eagerness to meet * Demonstrated enthusiasm for our mission (Volunteerism, advocacy, recruiting efforts) * Inspiring recovery/post-transplant achievement * Some aspect of story touches on importance of increasing cultural diversity on registry |

All nominations will be kept on file with the Marketing & Communications Department for consideration for events as opportunities arise.

Return Nomination Forms to awards@nmdp.org

You may submit more than one nomination**. Nominations must be received by Friday, July 27, 2018 for consideration for this year’s Council.** We also encourage you to submit nominations year-round.

If your nominee is chosen, we will contact you for more information, including:

* Copies of signed consents from the donor and recipient to exchange information
* Other background information if available: newspaper articles, videotapes of television coverage or photos

**Email or fax the completed nomination form to**: **awards@nmdp.org or (612) 627-5877; Attn: Sarah Rockholt**

**For questions, please contact Sarah Rockholt at** [**awards@nmdp.org**](mailto:awards@nmdp.org)

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| **Nominator Information** |
| Name: |
| Center Name: |
| Center Address: |
| City: State: Zip: |
| Telephone Number:       Fax:       Email: |

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| **Donor Information** |
| Name: |
| Date of Birth:       Donor ID #:       Donor Center: |
| Donation Date:       Occupation: |
| Donor Center Coordinator:       Center Tel: |
| Address: |
| City:       State:       Zip: |
| Home Tel:       Cell Tel:       Work Tel: |
| Email:       Country of Residency: |
| Race/Ethnicity:  White  Black/African American  Asian, including South Asian  Hispanic/Latino |
| Native Hawaiian/Pacific Islander  American Indian or Alaska Native  Multiracial |

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| Recipient Information |
| Name: |
| Date of Birth:       Recipient ID #:       Transplant Center: |
| Transplant Coordinator:       Center Tel: |
| Diagnosis:       Diagnosis Date:       Transplant Date: |
| Address: |
| City:       State:       Zip: |
| Home Tel:       Cell Tel:       Work Tel: |
| Email: Occupation: Country of Residency: |
| Race/Ethnicity:  White  Black/African American  Asian  Hispanic/Latino |
| Native Hawaiian/Pacific Islander  American Indian/Alaska Native Other: |

1. **What are your nominee’s current circumstances regarding health, scheduling and availability to travel? Please include any special circumstances or restrictions that NMDP/Be The Match should be aware of.**
2. **What makes your nominee’s story especially inspiring or motivational? Please provide as much background as possible. You may attach additional pages.**