

ENTRY FORM

The Show-Me Excellence Awards are for members of MAHPRM only. If you would like to participate and are not a MAHPRM member, an application for membership is enclosed. **CAUTION! MAHPRM reserves the right to disqualify any entry that is not submitted according to instructions.** Please follow the entry instructions carefully because compliance will be verified. Be sure you indicate the production costs, as appropriate. Also, be sure that your entry is placed in a notebook, binder or manila envelope with the entry form securely affixed with staples or tape to the outside. **Please attach a copy of the entry form to the accounting ledger.** Please, no oversize items!

Category Number: _____ Category Name: _____
(A separate entry form or photocopy must accompany each entry.)

Division Letter: _____ Division Description: _____
(See descriptions under each category.)

Name of Entry/Project: _____

Name and Title (MAHPRM member): _____

Health Care Organization: _____

Address: _____

City/State/ZIP: _____

ENTRY FEE/POSTAGE

- Enclosed is a \$55 entry fee, **payable to MHA Center for Education.**
- Enclosed is a \$35 MAHPRM membership fee, **payable to MHA Center for Education,** and completed membership application. (The MAHPRM membership fee has been discounted \$15.)

AWARD AUTHORIZATION

Please type below **exactly how you wish the plaque to read** if you win a Show-Me Excellence Award. As a member of MAHPRM, you are permitted to list your name or department. Staff who helped produce the entry also may be included if at least one MAHPRM member is listed. Because of space constraints, please limit award listings to **no more than three individuals.**

Name of individual(s) or department: _____

Name of health care organization: _____

Signature of MAHPRM member: _____

After the awards program, duplicate awards (with identical wording only) may be ordered. Please contact Jennifer Bethurem for more information at 573/893-3700, ext. 1310 or jbethurem@mail.mhanet.com.

MAIL YOUR ENTRY TO:

Jennifer Bethurem, MHA Center for Education, P.O. Box 60, Jefferson City, MO 65102-0060
Street address: 4712 Country Club Drive, Jefferson City, MO 65109-4541

THE DEADLINE FOR ENTRIES IS FRIDAY, JUNE 1, 2007.

NARRATIVE CHECKLIST

Enclose two copies of the narrative for each project, using the following outline. **Entries without a narrative will be disqualified.** Be concise; one to 1.5 pages should suffice. Judges review many entries and will respond most favorably to short, informative narratives.

- entrant's name and organization
- title of project/entry
- brief description of your community and your health care organization
- statement of problem/opportunity
- project goals and objectives
- audience
- reason for choosing this format
- frequency (if appropriate)
- total quantity and cost per piece for printed material
- implementation
- What portions of the entry were created internally/externally? (Be specific.)
- results and evaluation

ENTRY CHECKLIST

All entries must include the following.

- a copy of the project placed in one notebook, binder or manila envelope (If the project is oversize — larger than 8-1/2" x 11" — please submit a photo instead.)
- two complete copies of the entry form. Securely affix one copy to the outside of the notebook, binder or manila envelope. Attach the second copy to the accounting ledger. Please verify the category and division sections of the entry form are complete and accurate.
- two copies of the narrative placed inside the notebook, binder or manilla envelope
- one check, including entry fees and MAHPRM dues, if appropriate, for all submissions from your organization. **Please make checks payable to MHA Center for Education.**
- one complete accounting ledger per enclosed check
- MAHPRM dues and complete application form, if appropriate

If you have questions, please contact Jennifer Bethurem at 573/893-3700, ext. 1310 or jbethurem@mail.mhanet.com.

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