









High Desert Medical Group Health EXPO

Nominate a senior by emailing the following information to drinaldi@hdmg.net: 1. Your name, address, phone number, and email address.

- 2. Nominee's name, address, phone number, and email address.
- Nominee s name, aggress, phone number, and email address.

 Why you are selecting the nominee as Senior of the Year (include a brief history of how your nominee makes a difference and how they give their time to henefit others including going ahove and hevond wny you are selecting the nominee as Senior or the Year (Include a brief history of now your nominee makes a difference and how they give their time to benefit others, including going above and beyond *in their professional life, etc.)*4. Nominees must be a resident and 55 years of age or older. Previous nominees are eligible.

You may also send or hand deliver your written nomination information to: SENIOR OF THE YEAR c/o High Desert Medical Group

Administrative Office 43839 N. 15th St. West Lancaster, CA 93534

Your Name

Address_

Phone Number _____ Email Address _____ Nominee's Name

Address_

Phone Number ___

Email Address

Please explain why you selected nominee as the 2023 Senior of the Year. Give a brief history of their Flease explain why you selected nominee as the 2023 Senior of the rear. Give a prief history of their fallow seniors. Add another cheef of haber if necessary. their fellow seniors. Add another sheet of paper if necessary.

Nominations are due by Friday, August 28 at 5 pm. Previous nominees are eligible. Nominee must be 55 years of