



**Society for Academic Emergency Medicine
2017 Excellence in Emergency Medicine Award**

Please type and fill out form completely and email to membership@saem.org

Mail:
SAEM
1111 East Touhy Ave, Suite 540
Des Plaines, IL 60018

Fax to 847-813-5450

**Form must be typed. SAEM is not responsible for
typographical errors due to handwritten submissions.
Form must be submitted four weeks prior to the date the
certificate is needed for graduation/presentation
ceremonies.**

Information to appear on certificate:

Name of Medical School:

2017 Medical Student Winner:

Date to Appear on Certificate: _____

If you need the certificate for a senior awards ceremony, please fill in the date needed:
(Due to mailing time, please send information at least three weeks prior to the date needed)

Date needed by: _____

**Certificate to be mailed to (certificate will be mailed via regular US mail. Requests for overnight
delivery will be accommodated, but the expense is the responsibility of the institution):**

Contact Telephone: _____

Information needed for SAEM subscriptions to be sent to recipient:

Student Mailing Address:

Phone: _____

E-mail: _____

Course Coordinator (Printed)

Dean or Designee (Printed)

Course Coordinator (Signature)

Dean or Designee (Signature)

E-mail address of Coordinator: _____