

# Nomination Form

*Print this, fill it in by hand, and send it back. Nothing here has to be typed.*

Better Together Recognitions honors the people who make real partnership possible — on every side of the table. Recipients are selected by a rotating panel of people with lived experience; the program co-chairs convene the process but do not choose.

Nominations are confidential: we won't tell a nominee they've been nominated unless they're selected. Anyone may nominate — including yourself. Self-nominations are welcome and are weighed on the same terms as any other nomination.

**There are no wrong answers here. If you saw work that mattered, that's enough reason to fill this out.**

You do not have to answer everything. Only four questions are required, and they are marked. If you run out of room, keep writing on the back — we would rather have the whole story than a tidy page.

*The nomination period runs August 10 through October 31, 2026. If you're ready now, go ahead — early nominations are held and reviewed with all the rest.*

## A · THE RECOGNITION

### 1. Which recognition are you nominating for?

**REQUIRED — tick one**

*All four recognitions are open. Any category without a worthy nomination this year stays open, with its nominations kept for 2027.*

- ☐ The Expertise of Experience — for a person with lived experience
- ☐ The True Partner — for a researcher
- ☐ The Open Door — for an advocate or ally
- ☐ The Chair Beside — for a caregiver
- ☐ I'm not sure — the story below will make it clear

## B · WHO YOU'RE NOMINATING

### 2. Nominee's name

**REQUIRED**

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**3. How can we reach them, if they're selected?**

*Email is best. If you don't have it, leave this blank — we'll find them.*

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**4. Their role or affiliation, in a few words**

*E.g., "patient advisor on a PCORI study," "my mother's caregiver for nine years," "pain researcher at [university]." Whatever you know is enough.*

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**5. A short bio, if you can offer one**

*Two or three sentences about who they are. Don't worry about being complete; if they're selected, we'll build the full bio with them directly.*

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**6. A photo of the nominee, if possible**

*Tape or clip a printed photo to this form, or email one to [editorpwlevoices@gmail.com](mailto:editorpwlevoices@gmail.com) with the nominee's name in the subject line. If they're selected, we'll ask them directly for a photo they own and are happy with — so skip this freely.*

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*This is the part that matters most. Write the way you'd tell it to a friend.*

**7. Tell us what they did.**

**REQUIRED**

*Describe the specific contribution — a moment, a meeting, a pattern of work. What happened, and what would have been different without them?*

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**8. Why does it deserve to be on the record?**

**REQUIRED**

*Recognition is how a community records what it values. What should the rest of us learn or expect from what this person did?*

**9. Your name****REQUIRED****10. Your email****REQUIRED**

*Only used if the panel has a question about your nomination. Never published, never shared.*

*No email? Give us a phone number or a mailing address instead — either works.*

**11. Your relationship to the nominee****REQUIRED — tick one**

- ☐ We've worked together in research or advocacy
- ☐ They're my family member, friend, or caregiver
- ☐ I know their work but not them personally
- ☐ I am nominating myself
- ☐ Other

**12. May we quote from your nomination if the nominee is selected?****REQUIRED — tick one**

- ☐ Yes, with my name
- ☐ Yes, but anonymously
- ☐ No — use it for selection only

## SENDING IT BACK

**Any one of these is fine.**

**Scan or photograph it** and email to editorpwlevoices@gmail.com. A clear phone photo of each page is perfectly acceptable.

**Type your answers instead** and email them to the same address. Just number them to match this form.

**Hand it to a program co-chair** at any event where we are present.

**Read it to us over the phone.** Email the address above and ask a co-chair to take your nomination by phone — we will write it down for you.

**Or fill it in online at [chronicpainla.com/nominate/](https://chronicpainla.com/nominate/)**

*Every nomination, however it arrives, is entered into the same pool and reviewed on the same terms. Paper is not a lesser route.*

### CO-CHAIR INTAKE — OFFICE USE

*Do not fill this in. It is completed when the nomination is received.*

**Date received (true receipt date)**

**Via (paper / email / phone / event)**

**Entered into pool by**

**COI screen — co-chair recused?**

**Logged in panel record**

### PWLE VOICES NEWSLETTER

*Your voice. Your community. Better together.*

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