

AVMA AWARDS NOMINATION FORM



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SUBJECT: NOMINATION FOR ___Advocacy Award_____ (Name of Award)

NAME _____

ADDRESS _____

TELEPHONE: (office) _____ (Home) _____

VETERINARY MEDICAL EDUCATION
(School and year of graduation) _____

ORGANIZATION MEMBERSHIP* _____

HONORS OR AWARDS* _____

*No need to complete if included in curriculum vitae

BRIEF SKETCH OF NOMINEE'S PROFESSIONAL BACKGROUND AND A STATEMENT PERTAINING TO HIS OR HER QUALIFICATIONS FOR THE AWARD:

CURRICULUM VITAE WITH BIBLIOGRAPHY (Please attach)

Nominated by: _____

Signature: _____ Date: _____

AwardsForm2005/mf