

**ASTDN NOMINATION FORM**  
**AWARD OF MERIT**

Nominee: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Academic training and significant professional experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe briefly why you believe that this person should be eligible for the  
ASTDN Award of Merit:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitted

by \_\_\_\_\_

Phone Numbers:

Work \_\_\_\_\_ Home: \_\_\_\_\_

Email address:

Is the nominee aware of the nomination? Yes \_\_\_\_\_ No \_\_\_\_\_

Date \_\_\_\_\_