

APSP Fellows Program

Nomination Form

Nominee's Name:

Title:

Company Name:

Email Address:

Phone:

Address:

City/State/ZIP:

Nominator's Name:

Title:

Company:

Email Address:

Phone:

Address:

City/State/ZIP:

Criteria:

Is this nomination posthumous? Yes No Year of Death:

Years Nominee Worked in Industry (at least 5)

APSP Member Yes No

Membership Dates (May be approximate)

Industry Organizations Volunteered for: (Must total at least 3 years)

1. Date:

2. Date:

3. Date:

Volunteer Positions Held in Professional Development: (Must total at least 2 years)

1. Date:

2. Date:

3. Date:

Continued

Please e-mail the nomination form and accompanying documents to awards@apsp.org.

Explain how the candidate's contributions exemplify a commitment to:

- Helping Others
- The Highest Ethical Standards
- Improving the Industry's education initiatives through leadership in industry trade and professional organizations
- Excellence in practice, research and education
- Achieving and maintaining a cohesive professional, collegial and inclusive community

(A separate document may be attached for extra comments. If the nomination is posthumous, please include an obituary if possible.)

Nominee Photo: When submitting the application by email, please attach a high resolution jpg (300 dpi) image of the nominee. We will use the winner's images in various print publications and online.

Please e-mail the nomination form and accompanying documents to awards@apsp.org.