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| **NOMINEE (Contact information)** | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | |
| Company or Institutional Affiliation: | | | | | | | |  | | | | | | | |
|  | | | | | | | |  | | | | | | | |
| Title or Position: | | | | | |  | | | | | | | | | |
| Email: | | |  | | | | | | | | | | | | |
| Telephone: | | | |  | | | | | | | | | | | |
| USWIN Chapter Affiliation: | | | | | | |  | | | or | Member At Large: | | | |  |
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| **NOMINATOR (Contact information)** | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | |
| Company or Institutional Affiliation: | | | | | | | |  | | | | | | | |
|  | | | | | | | |  | | | | | | | |
| Title or Position: | | | | | |  | | | | | | | | | |
| Email: | | |  | | | | | | | | | | | | |
| Telephone: | | | |  | | | | | | | | | | | |
| USWIN Chapter Affiliation: | | | | | | |  | | | or | Member At Large: | | | |  |
| Signature: | |  | | | | | | | | | | Date: |  | | |
|  | | | | | | | | | | | | | | | |
| **SECONDED (Contact information)** | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | |
| Company or Institutional Affiliation: | | | | | | | | |  | | | | | | |
|  | | | | | | | | |  | | | | | | |
| Title or Position: | | | | | |  | | | | | | | | | |
| Email: | | |  | | | | | | | | | | | | |
| Telephone: | | | |  | | | | | | | | | | | |
| USWIN Chapter Affiliation: | | | | | | |  | | | or | Member At Large: | | | |  |
| Signature: | | | | |  | | | | | | | Date: | |  | |

A letter of recommendation must be submitted with a narrative summary of 1,000 words or less of their accomplishments, including a description of achievements with respect to the evaluation criteria and period of activity. Also, you may include their chronological resume, and a list of publications, awards, citations.

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| **Send this form and supporting documents by December 15 of the current calendar year to:** |
| the Awards Committee at:  USWINAwards@gmail.com  Subject: “U.S. WIN Leadership Award”  Please confirm receipt of electronic submission |