

***Harvard Medical School Department of Ophthalmology  
Distinguished Alumni Professional Achievement Award Nomination Form***

**Please print or type and return this form with supporting material by July 1, 2006.**

*Nominator Information*

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

E-mail address \_\_\_\_\_

*Nominee Information*

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Each nomination packet must include

- Letter of nomination (Please describe how this nominee meets the award criteria)
- CV and bibliography
- Supporting letters (3-5 are recommended):

<u>Name</u>	<u>Name</u>
1.	4.
2.	5.
3.	6.

- Letters of commendation, awards, newspaper articles or other supporting information

Send nomination packet to: Dr. Joan W. Miller  
Chief of Ophthalmology  
Massachusetts Eye and Ear Infirmary  
243 Charles St, 8<sup>th</sup> floor  
Boston, MA 02114