

125th ANNIVERSARY HALL OF FAME NOMINATION FORM

I wish to suggest the following person as a candidate for the UAMS Hall of Fame.
(Please fill in as much of the information as possible and available so that our records
will be as complete as possible.)

NOMINATION FORM

HALL OF FAME AWARD

THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Please use this form for Hall of Fame nominations. Use the space provided to
present information about the nominee. If you prefer to submit a letter of
nomination instead of completing the form, please do so. The nomination form
should contain ALL pertinent information. (Please print or type all information.)

NOMINEE NAME: _____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____ E-MAIL
ADDRESS: _____

YEAR GRADUATED FROM UAMS OR YEARS OF SERVICE WITH UAMS:

EDUCATION:

PROFESSIONAL MEMBERSHIPS/COMMITTEES, ETC:

BUSINESS/PROFESSIONAL HONORS, AWARDS OR ACHIEVEMENTS:

COMMUNITY SERVICE, HONORS, AND AWARDS: (INCLUDE CIVIC,
RELIGIOUS, YOUTH AND PHILANTHROPIC ACTIVITIES):

INFORMATION ABOUT NOMINEE'S FAMILY: (PARTNER'S NAME, PARTNER'S
BUSINESS/ PROFESSION, ETC., NUMBER OF CHILDREN, NAME[S] AND
AGE[S] OF CHILDREN):

PLEASE LIST HERE ADDITIONAL INFORMATION CONCERNING THE
NOMINEE WHICH YOU FEEL MAY BE HELPFUL TO THE HALL OF FAME
COMMITTEE IN MAKING ITS SELECTION:

NOMINATOR'S STATEMENT REGARDING WHY THE NOMINEE SHOULD BE
SELECTED AS HALL OF FAME MEMBER:

INFORMATION ABOUT PERSON COMPLETING THIS FORM:

Name: _____

Address: _____

Telephone: _____

Signature: _____

Date: _____

Return To:

OR Submit
Electronically to: pkleidermann@uams.edu