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):

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