Alumni Reunion Weekend is always a great time to renew acquaintances and hear about the exciting plans and developments at the UAMS College of Medicine. A special feature of Alumni Weekend will be the induction of the new members of the prestigious College of Medicine Hall of Fame.

The Hall of Fame recognizes the outstanding achievements of both graduates and faculty and includes physicians and scientists of national and international distinction. Alumni who have served rural Arkansans in need and faculty who have distinguished themselves at UAMS. The Hall of Fame Weekend is always a great time to renew acquaintances and hear about the exciting plans and developments of the UAMS College of Medicine.

You may nominate your most admired and outstanding alumni for this honor by completing the nomination form on the reverse side. The form can also be found on the College of Medicine Web site at www.uams.edu/com. The deadline for nominations is May 15, 2006.

The criteria for nominees are as follows:

1. Demonstration of continuing support and interest in UAMS
2. Character that represents the values and ideals of UAMS
3. Recognition as an outstanding leader in his/her profession and community
4. Service to humanity through his/her profession and personal achievement
5. Leadership in research, teaching, service, clinical care, support and philanthropy
6. Each nominee will have distinguished himself/herself through:

   - Leadership and/or accomplishment in research, teaching, service, clinical care, support and philanthropy
   - Recognition as an outstanding leader in his/her profession and community
   - Service to humanity through his/her profession and personal achievement
   - Leadership in research, teaching, service, clinical care, support and philanthropy
   - Each nominee will have distinguished himself/herself through:

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ALUMNI AFFAIRS #642
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
4301 W MARKHAM ST
LITTLE ROCK AR 72205-9985
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 you can, so our records will be complete.
• Please do not include attachments.
• Please print or type all information.

Nominee’s Name
__________________________________________________________________________

Home Address
____________________________________________________________________________
City ___________________________________ State _______________ Zip ____________
Telephone ______________________________ E-mail ________________________________

Year graduated from UAMS or years of service with UAMS________________________

Education

Professional memberships, committees, etc._________________________________________

Business/professional honors, awards and achievements _____________________________

Community service honors and awards (civic, religious, youth and/or philanthropic) __________
________________________________________________________________________________

Information about nominee’s family (partner’s name and profession, number of children, names and ages of children, etc.) ______________________________
____________________________________________________________________________________

Please list additional information about the nominee that you feel may aid the Hall of Fame Committee in making its selection. ________________________________
____________________________________________________________________________________

Nominator’s statement: Why do you believe the nominee should be selected to the Hall of Fame?
____________________________________________________________________________________
____________________________________________________________________________________

Nominated by:

Name _____________________________________________

Address ___________________________________________

City ___________________________________ State _______________ Zip ____________
Telephone ______________________________ E-mail ________________________________

Signature ______________________________________ Date ______________

Return to: Ginny O. Rice, Director, Medical Alumni Special Programs
University of Arkansas for Medical Sciences
4301 W. Markham St., #642, Little Rock, AR 72205
Fax: (501) 686-5873 E-mail: riceginny@uams.edu

Deadline for nominations is May 15, 2006.