



- Nominee Information

- Academic, Employment

- Achievements, Honors, Awards, Biography

- Summary Statement - Citation

- Letters of Support

- Submitted On Behalf of

- Nominator Contact Info

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Edward DeMille Campbell Memorial Lecture Nomination - Confidential

SUBMIT THIS FORM BY 1 February one year prior to that in which the award is to be given to:

Chair, Award Selection Committee
ASM International
9639 Kinsman Road
Materials Park, OH 44073-0002

Once the files are uploaded, you will see a screen confirming your submission and you will receive an email confirmation.

If you do not see this screen, your submission did not go through. Please make sure each file is below 3MB and resubmit the package. If the submission does not upload and transmit properly, please contact Christine.Hoover@asminternational.org.

Please be certain to furnish all relevant information: Missing data cannot be obtained elsewhere. The submitted material is the total case as it will be presented to the Awards Policy Committee. Please use additional sheets as necessary. Omissions can weaken the case of your nominee.

Save and Finish Later

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SAMPLE FORM ONLY

Edward DeMille Campbell Memorial Lecture Nomination - Confidential

1. Nominee Information: * = Required Information

*Candidate First Name:

Candidate Middle Name/Initial:

*Candidate Last Name:

Suffix (Dr./Prof./Jr./Sr./PE, etc.):

Business Title:

Department/Division:

Company Affiliation:

Address 1:

Address 2:

*City:

*State/Province:

Zip Code

*Country:

Phone Number:

E-Mail Address:

2. ASM Membership Status:

Is Nominee an ASM Member?

Is the nominee an ASM Member?

☐

3. Please provide if known:

Member Number (if known)

4. Nature of Business: (150 words or less)

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5. Academic Background: (institution, major/minor, graduation year, degree/certificate)

	Institution	Major/Minor	Yr of Graduation	Degree/Certificate
Degree 1				
Degree 2				
Degree 3				
Degree 4				
Degree 5				
Degree 6				
Degree 7				
Degree 8				

6. Employment History:

	Company Name	Position Held	Years of Service
Employment History 1			
Employment History 2			
Employment History 3			
Employment History 4			
Employment History 5			
Employment History 6			
Employment History 7			
Employment History 8			

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7. Achievements - (e.g. books, papers, patents, new materials and processes, unique innovations). You may upload additional documentation as necessary, however, **do not attach copies of papers** - a listing is sufficient).

[Choose File](#)

8. Honors and Awards, as applicable. Please be cognizant of document size and number of pages provided.

[Choose File](#)

9. Resume/Bio/CV as appropriate may be uploaded to provide this information. Please be cognizant of document size and number of pages provided.

[Choose File](#)

10. ATTACH PHOTO OF NOMINEE:
Attachments are not to exceed 3MB max per file.

[Choose File](#) No file selected[Choose File](#)[Save and Finish Later](#)

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11. Summary: What is nominee's most significant contributions or accomplishments? Please be cognizant of document size and number of pages provided.

[Choose File](#)

12. Read carefully the qualifications for this award. Why does nominee fit the requirements?

13. Suggested citation of not more than thirty (30) words.

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RECOMMENDATION LETTERS:

Append statements of at least three (3) close associates familiar with the candidate's endeavors.

14. Letter of Support - 1:

[Choose File](#)

15. Letter of Support - 2:

[Choose File](#)

16. File Upload for Supporting Letter 3:

[Choose File](#)

17. Letter of Support - 4:

[Choose File](#)

18. Letter of Support - 5:

[Choose File](#)[Save and Finish Later](#)

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Note: Nominations can be submitted by any of the following: Chapter, Committee, Council, Affiliate Society, the Awards Policy Committee, an Awards Selection Committee, or Five ASM Members. A single nomination can be submitted jointly if desired, however, only one nominating group from the list below is necessary.

19. This nomination is submitted on behalf of the:

Note: Nominations can be submitted on behalf of more than one volunteer group, but that is not required. A minimum of one group must submit the nomination.

	Chapter	Committee/Council	Affiliate Society	Award Selection or Awards Policy Committee	Five ASM Members in good standing
Nomination Submitted on behalf of:					☐

20. If Submitted by Five ASM Members, please provide each ASM Member's Name and Membership Number below:

	ASM Member Number:	ASM Member Name:
ASM Member 1		
ASM Member 2		
ASM Member 3		
ASM Member 4		
ASM Member 5		

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21. Nominator (person submitting the nomination): * This is the lead nominator who ASM will communicate with as the point of reference and contact relative to this nomination.

*ASM Member ID: *Nominator First Name: Nominator Middle Name/Initial: *Nominator Last Name: Suffix (Dr./Prof./Jr./Sr./PE, etc.): Title: Department/Division: Company Affiliation: Address 1: Address 2: *City: *State/Province: Zip Code: *Country: *Phone Number: *Nominator E-Mail Address: [Save and Finish Later](#)

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