



ASM Historical Landmark Nomination - Confidential

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

Chair, Historical Landmark 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 <u>cannot</u> be obtained elsewhere. The submitted material is the <u>total</u> case as it will be presented to the Awards Policy Committee. Please use additional sheets as necessary. <u>Omissions can weaken the case of your nominee</u>.

Save and Finish Later

You will also receive an email confirmation. If you do not receive the email confirmation, please contact christine.hoover@asmintern tional.org

Page 1 of 6



ASM Historical Landmark Nomination - Confidential

Back to ASM Awards Web Site

1. NAME OF LANDMARK AND LOCATION:	
2. DATE OF CONSTRUCTION (OR OTHER SIGNIFICANT DATE):	

Save and Finish Later

CAMPALLE, CORMINATION OF THE COR You will also receive an email confirmation. If you do not receive the email confirmation, please contact christine.hoover@asmintern tional.org

Page 2 of 6



ASM Historical Landmark Nomination - Confidential

3. MATERIALS SIGNIFICANCE OF THIS LANDMARK OR EVENT, LOCALLY, NATIONALLY AND/OR INTERNATIONALLY.					
Choose File					
4. HISTORICAL/CULTURAL SIGNIFICANCE OF THE LANDMARK OR EVENT, LOCALLY, NATIONALLY, OR INTERNATIONALLY.					
Choose File					

Save and Finish Later

@asmintern You will also receive an email confirmation. If you do not receive the email confirmation, please contact christine.hoover@asminternetional.org

Page 3 of 6



ASM Historical Landmark Nomination - Confidential

5. WHAT FEATURES OR CHARACTERISTICS SET THIS PROPOSED LANDMARK OR EVENT APART FROM OTHERS?				
6. DOES THE ORIGINAL STRUCTURE SURVIVE, WHOLLY OR IN PART?				
Please select one or more				
Yes - Wholly Yes - In Part				
No No				
	1			
<u> </u>	4			
7. WHO IS THE PRESENT OWNER? WHAT IS THE ATTITUDE TO PROPOSED D	ESIGNATION AS AN ASY HISTORICAL LANDMARKS			
7. WHO IS THE TRESENT OWNER. WHAT IS THE ATTITUSE FOR ROLL SEED	ESTATION AS IN CONTROL ENTERNANCE			
	. O			
8. WHAT IS THE SITUTATION IN REGARD TO ACCESS TO THE LANDMAK K	THE PUBLICA			
8. WHAT IS THE SITUTATION IN REGARD TO ACCESS TO THE LANDMAR K	HE PUBLIC?			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
9. WHERE WOULD THE PLAQUE BE LOCATED?				
Save and Finish Late	r			

You will also receive an email confirmation. If you do not receive the email confirmation, please contact christine.hoover@asminternational.org



ASM Historical Landmark Nomination - Confidential

10. WHAT CONTRIBUTION DID THIS LANDMARK OR EFIELD OF MATERIALS?	VENT MAKE TOWARD THE DISCOVERY, DEVELOPMENT, OR GROWTH OF THE
Choose File	
11. SUGGESTED CITATION OF NOT MORE THAN THIRT	Y (30) WORDS:
ATTACH PHOTO OF THE LANDMARK: Attachments are not to exceed 3MB max per file. Choose File No file selected	
You will also receive an email confirmation. If you do not receive the em	
	KKO,
SAMP	Page 5 of the control



ASM Historical Landmark Nomination - Confidential

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

		<u> </u>	
12. This nomination is submitted on behalf of the:			
	Chapter	Comittee/Council	Affiliate Society
Nomination Submitted on behalf of:	▼	V	
13. If Submitted by ASM Member, please provide	de the ASM Member's Name and Me	embership Number below:	
	ASM Member Name:	ASM Member Name: ASM Member Number:	
ASM Member 1			
14. Nominator (person submitting the nominat and contact relative to this nomination.	ion):* This is the <u>lead nominator</u> wl	no ASM will communicate with	as the point of reference
ASM MEMBER ID:		_	
Nominator First Name:			
Nominator Middle Name/Initial:			
Nominator Last Name:			
Suffix (Dr./Prof./Jr./Sr./PE, etc.):		\mathcal{A}_{V}	
Title:			
Department/Division:			
Company Affiliation:			
Address 1:	1		
Address 2:	\sim		
City:			
State/Province:			
Zip Code			
Country:			
Phone Number:			
Nominator E-Mail Address:			
You will also receive an email confirmation. If you	Save and Finish Later	hristine.hoover@asminternational.org	
SY			Page 6 of 6

Page 6 of 6