

## 2023 Nominating Committee Nomination Form - Confidential

SUBMIT THIS FORM BY **December 15th**.

Letters of Support should be addressed to:  
Chair, ASM Nominating Committee  
ASM International  
9639 Kinsman Road  
Materials Park, OH 44073-0002 U.S.A.

Staff Contact:  
Leslie M. Taylor, Manager, Executive Office  
440.338.5151 ext. 5500  
440.338.6614 - Fax  
[leslie.taylor@asminternational.org](mailto:leslie.taylor@asminternational.org)

### Please read prior to beginning a nomination!

\*Nominations can be accessed up until final submission. Nominators have the ability to save and finish the nomination at a later time.

\*Nominators have the ability to review information provided as they are filling out the nomination as well as print the final nomination as a .pdf document.

\*All information and attachments are to be directed to the *Nominator* for submittal.

#### Nominators Will Need the Following Documents:

- a) Summary Statement *from the Nominator* as to why the nominee will be a competent member of the ASM Nominating Committee.
- b) Two Letters of Support are required. (Nominators can upload a total of 5 Letters of Support, however, only two are required).
- c) Nominees Biography and Photo

**Important:** Once files are uploaded and the Submit button is clicked, the nominator will see a screen confirming the submission as well as receive an email confirmation with a link for reference. If the submission does not upload and transmit properly, please contact [leslie.taylor@asminternational.org](mailto:leslie.taylor@asminternational.org).

**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 ASM Nominating Committee. Omissions can weaken the case of your candidate.

**Finish Later-Hit Save Button First!!!**

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### Candidate (Nominee) Information:

#### 1. Candidate (Nominee) Company or Institution Affiliation:

Prefix (Mr./Ms./Mrs./Dr./Prof.):

Candidate's First Name:

Candidate's Middle Name/Initial:

Candidate's Last Name:

Business Title:

Company Affiliation:

City:

State/Province:

Country:

Candidate's E-Mail Address:

Candidate's Personal E-Mail Address if preferred:

#### 2. Please provide the following information about the nominee:

ASM Member Number (if known)

Years ASM Member (if known)

### 3. RESUME/BIOGRAPHY/CV - No more than 3 pages

Please upload the candidate's currently resume/biography/CV as appropriate. NOTE: attachments should be no more than 3 pages in length. Biography can include a listing of the candidate's s most significant honors, awards, papers, patents, etc. focusing on the most current information within the last 5 years. Do not attach actual papers; a listing within the biography of the most relevant papers is requested.

[Choose File](#)

#### 4. Chapter:

Chapter

Chapter:



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### 5. Previous Affiliations (in order of most recent):

	Company/Organization:	Title:	Years of Service:
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 6. Candidate has indicated he/she will serve on Nominating Committee if nominated?

- ☐ Yes  
☐ No

### 7. Education: (institution, major/minor, graduation year, degree/certificate)

	Institution	Major/Minor	Yr of Graduation	Degree/Certificate
Degree 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**8. ASM Society Service: (Offices held, Chapters, Committees, Affiliate Societies, etc. (please provide dates)).**

	ASM Cmte/Council/Chapter/Affiliate Society/other	ASM Office/Position Held	Years of Service	Contributions/Comments
ASM Service 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ASM Service 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ASM Service 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ASM Service 4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ASM Service 5:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ASM Service 6:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ASM Service 7:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ASM Service 8:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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### 9. Participation in other Technical Societies - member, officer, awards etc.

	Other Technical Society Name	Position Held (member, officer, etc.)	Years of Service
Other Technical Society 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Technical Society 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Technical Society 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Technical Society 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Technical Society 5	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 10. **NOMINATOR** SUMMARY STATEMENT as to why this ASM member will be a competent member of the ASM Nominating Committee. *(This is written by the lead Nominator).*

Please upload your summary statement for the Nominating Committee candidate.

[Choose File](#)

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**11. LETTERS OF REFERENCE:** At least 2 letters of reference are required in the candidate's nomination package. Letters should address attributes such as knowledge of the strategy and operations of ASM and business perspective (prudent business judgement, financial understanding, broad long-range perspective).

**File Upload for Reference Letter 1:**  
Attachments are not to exceed 3MB max per file.

No file selected

**File Upload for Reference Letter 2:**  
Attachments are not to exceed 3MB max per file.

No file selected

**File Upload for Reference Letter 3:**  
Attachments are not to exceed 3MB max per file.

No file selected

**File Upload for Reference Letter 4:**  
Attachments are not to exceed 3MB max per file.

No file selected

**File Upload for Reference Letter 5:**  
Attachments are not to exceed 3MB max per file.

No file selected

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### 12. NOMINEE PHOTO: *(Optional)*

Please attach a photo of the candidate.

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**2023 Nominating Committee Nomination Form - Confidential****Nominator Information**

**13. *Nominator*** - The individual who will serve as ASM's point of contact relative to this nomination.

Prefix (Mr./Ms./Mrs./Dr./Prof.):

Nominator's First Name:

Nominator's Middle Name/Initial:

Nominator's Last Name:

Affiliation (company):

Phone Number:

Nominator's E-Mail Address:

Nominator's ASM Member Number (if known):

**14.** This nomination is submitted on behalf of the following nominating bodies (only one is required):

	Chapter	Committee/Council	Affiliate Society
Nomination Submitted on behalf of:	<input type="text"/>	<input type="text"/>	<input type="text"/>

**15. Please note that electronic signatures are accepted. By typing your name in the signature field, you are authorizing the submission of this nomination. There is no need to upload a signature file.**

**Thank you for submitting this candidate for consideration. You will be notified of the results of the Nominating Committee upon completion of the meeting and acceptance by those candidates who were selected.**

Signature:

Date:

**[Click here to review your Nomination prior to submission at any time.](#)**

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