

NOMINATION FORM: CLASS OF 2015



Nomination must be returned by: June 24, 2015 Please return by email or fax to: Carmen Sevilla – csevilla@thevisioncouncil.org or fax 703-548-4580

CANDIDATE'S INFORMATION

(Please complete all applicable information.)

Full Name:				Please Check One:	Living	Deceased
Spouse/Family Contact (<i>if deceased</i>):						
Firm Name:						
Type of Business:						
Contact Information: (please check one)	Business	Home				
Address:						
City:	_ State:		. Zip Code	e:		
Telephone:	_ Fax:			_		
Email Address:						

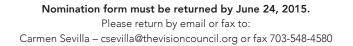
1. Resume of Candidate's Optical Industry Involvement.

(Begin with the first activity and continue through current or last industry involvement. Additional pages may be submitted if needed.)

Date:	Company/Organization:	Title:
Job Responsibiliti	les:	

Date:	Company/Organization:	Title:
Job Responsibiliti	es:	

Date: Company/Organization:	Title:
Job Responsibilities:	



2. Optical Association Involvement to Advance the Industry (e.g., Optical Laboratories Association, The Vision Council):

Date:	Association:	Role:
Responsibilities:		

Date:	Association:	Role:
Responsibilities:		

3. Special Awards and/or Industry Recognitions.

4. Why should this candidate be considered for the Hall of Fame? What significant leadership contributions has the candidate made to the optical industry?

5. What developments or special contributions has this individual made to the optical industry? How has this individual impacted the optical industry?

6. Hall of Fame inductees are expected to attend the Optical Lab Division Hall of Fame banquet for their induction. Held on September 16, 2015, the banquet is a signature event of the Optical Lab Division Meeting during International Vision Expo West in Las Vegas.

To the best of your knowledge, is this Nominee able to attend?((yes or no)
If yes, do you believe the Nominee would attend(yes or no)	
Would you be willing to assist in confirming their attendance?(yet	es or no)

I herewith submit the application with the endorsement of a co-sponsor.

NOMINATING Person:

Name:	
Company Name:	Business Phone:
Ēmail:	Date:
CO-SPONSORING Person:	

Name:

Company Name: Bu	usiness Phone:
	ate:

Committee Action:

Date Rec'd:		. Material Returned-Not Complete:	Re-submit:
Omit:	Review:		



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