



NOMINATION FORM: CLASS OF 2015

OPTICAL LAB DIVISION HALL OF FAME INDUCTEES

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 (if deceased): _____

Firm Name: _____

Type of Business: _____

Contact Information: (please check one) Business Home

Address: _____

City: _____ State: _____ Zip Code: _____

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 Responsibilities: _____

Date: _____ Company/Organization: _____ Title: _____

Job Responsibilities: _____

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? _____ (yes or no)

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

NOMINATING Person:

Name: _____
Company Name: _____ Business Phone: _____
Email: _____ Date: _____

CO-SPONSORING Person:

Name: _____
Company Name: _____ Business Phone: _____
Email: _____ Date: _____

Committee Action:

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



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