

# NOMINATION FORM FOR AN IACR FELLOW

To: IACR General Secretariat  
Santa Rosa Administrative Center  
University of California  
Santa Barbara, CA 93106-6120  
USA

E-mail: [fellows@iacr.org](mailto:fellows@iacr.org)

Please read the "IACR Guide for Fellow Nominations."

1. NAME OF CANDIDATE: \_\_\_\_\_  
(Emphasize the family name by underlining, bold type, or similar)

Present Occupation (Position, Organization): \_\_\_\_\_  
\_\_\_\_\_

Business Address (Include State/Province, Zip/Postal Code & Country):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address (Include State/Province, Zip/Postal Code & Country):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date (YYYY/MM/DD): \_\_\_\_\_

Nominator's Relationship to Nominee: \_\_\_\_\_

2. Summary of Accomplishments: (Citation - 25 words or less)

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3. EDUCATION: (List highest degree first)

Educational Institution / Location / Degree / Major Discipline / Year

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4. PROFESSIONAL EXPERIENCE:

(List current position first.) If necessary, cite only most recent positions.

From (Year) To (Year) / Name of Organization / Position Held and Responsibilities

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6. NOMINATOR:

NAME: \_\_\_\_\_  
(Emphasize family name)

SIGNATURE: \_\_\_\_\_  
(Not Required for Electronic Submissions)

DATE: \_\_\_\_\_  
(YYYY/MM/DD)

ADDRESS (Include State/Province, Zip/Postal Code & Country):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

7. LIST ENDORSERS YOU WILL CONTACT. Minimum of four, maximum of eight IACR Members required.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_