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
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/Provice, 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)
3. EDUCATION: (List highest degree first) Educational Institution / Location / Degree / Major Discipline / Year
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

5. CANDIDATE'S ACCOMPLISHMENTS: Identify the most important contributions which qualify the candidate for ACM Fellow according to the following two categories: 1) Achievements related to cryptologic research; 2) Outstanding service to IACR and the cryptologic research community.

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	(Emphasize family name)				
SIGNATUR	E:				
(Not I	E:equired for Electronic Sub	missions)			
DATE: (Y	YYY/MM/DD)				
ADDRESS	Include State/Provice, Zip/	Postal Code & Co	ountry):		
TELEPHON	E:				
FAX:					
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