Society for Vascular Surgery
Medal for Innovation in Vascular Surgery
Nomination Form

Nominee:
Name:_______________________________________________________________________
First Name                                                                 Last Name    Designation (M.D., Ph.D.)
Address:___________________________________________________________________
City:____________________________ State:_____________ ZIP Code:________________
Country if other than U.S.:_______________________________________________________
Phone:________________________ Fax:_________________ Email:_______________________

Nominator:
Name:_______________________________________________________________________
First Name                                                                 Last Name    Designation (M.D., Ph.D.)
Address:___________________________________________________________________
City:____________________________ State:_____________ ZIP Code:________________
Country if other than U.S.:_______________________________________________________
Phone:________________________ Fax:_________________ Email:_______________________
Signature:_____________________________________________________________________
(Must be a member in good standing of the SVS)

Please attach the following documentation to this form:

• CV of the Nominee
• Description of the Innovation

Send nomination form and supporting material no later than March 1 to:
Society for Vascular Surgery
9400 W. Higgins Road, Suite 315
Rosemont, IL  60018
ATTN: Distinguished Fellows Council

OR Email: vascular@vascularsociety.org