Society for Vascular Surgery Lifetime Achievement Award

Nomination Cover Form

Nominee’s Name: ________________________________________________________

Address: ________________________________________________________________

City, State, ZIP Code: ____________________________________________________

Your Name: _____________________________________________________________

Address: ________________________________________________________________

City, State, ZIP Code: ____________________________________________________

Your Signature: __________________________________________________________

(Must be an SVS Member in Good Standing)

E-mail ________________________________

PLEASE ATTACH TO THIS FORM A BRIEF DESCRIPTION OF HOW YOUR NOMINEE MEETS EACH OF THE SELECTION CRITERIA:

1. Contributions to SVS and other vascular societies
2. Contributions to vascular education
3. Contributions to vascular basic science or clinical research
4. Active and prolific clinical surgeon
5. Special contributions to the field
6. Publications
7. Other honors received
8. Extramural activities that further the goals of SVS and the profession

Send nomination form and description postmarked no later than March 1 to:
Society for Vascular Surgery
9400 W. Higgins Road, Suite #315
Rosemont, IL 60018-4975
Or email: vascular@vascularsociety.org