



## 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](mailto:vascular@vascularsociety.org)**