



**Fellow of AOAC INTERNATIONAL
Nominating Form**

**TO: Chair, Fellows Award Committee
AOAC INTERNATIONAL
2275 Research Boulevard, Suite 300
Rockville, MD 20850-3250**

I hereby submit to you the following nomination for the Fellow of AOAC INTERNATIONAL Award.*

1. **Name of Candidate:**
(FIRST) (MIDDLE) (LAST)

2. **Contact Information:**
(AGENCY OR FIRM)
(STREET ADDRESS)
(CITY) (STATE/PROVINCE) (ZIP/POSTAL CODE) (COUNTRY)
(PHONE) (FAX) (EMAIL)

3. **Please provide a brief description of why this candidate should receive a Fellow of AOAC INTERNATIONAL award.**

4. **Nomination submitted by:**
(SIGNATURE) (DATE)
(NAME / TYPE OR PRINT)

Address to be used for correspondence:

(AGENCY OR FIRM)
(STREET ADDRESS)
(CITY) (STATE/PROVINCE) (ZIP/POSTAL CODE) (COUNTRY)
(PHONE) (FAX) (EMAIL)

- **The candidate will be notified of this nomination, and if they wish to be considered for the award, will be required to submit a detailed application in support of their nomination.**

For AOAC office use only:

Date Received:

Application Sent: