2019 Fellows Nomination Form

Instructions: Please complete this form in its entirety and return to the ASET Executive Office along with your written statement supporting the nomination by the **February 15, 2019** nominations deadline.

Part I Nominator Contact Information

Your Name: _____
First MI Last

ASET Member ID Number: _____

Daytime Telephone: _____ Email: _____

Part II Nominee Information

Name of Nominee: _____
First MI Last

Employer: _____

Employment Title: _____

Mailing Address: _____

_____

_____

Daytime Telephone: _____ Email: _____

Part III Required Documentation

Return along with this completed form, a brief typed statement (no more than 500 words) supporting the nomination by speaking to how the nominee meets the nomination criteria in general by having distinguished him/herself in service to ASET, service to the neurodiagnostic profession, and as an ambassador exemplifying and advancing the neurodiagnostic profession.

Your Signature: _____ Date:_____

Email this completed form and statement supporting the nomination to arlen@aset.org; fax to 816.931.1145; or mail to ASET – The Neurodiagnostic Society, 402 East Bannister Road, Suite A, Kansas City, MO 64131-3019 for receipt by the February 15, 2019 nomination deadline.