Nomination form for a “mid-career to senior” candidate (women and men are eligible) for

**The Tracy Lynn Faber Memorial Award**

for the advancement of women in medical imaging sciences

**Name of Nominee**

 **First :::**

 **Middle :::**

 **Last :::**

**Proposed Citation (15-word Max)**

 **Citation :::**

**Present Position**

 **Title/Start Year to Present :::**

 **Department or Division or … :::**

 **Institution or Company … :::**

 **Address :::**

 **Address :::**

 **Address :::**

 **Address :::**

 **Phone1/office or cell or … :::**

 **Phone2/office or cell or … :::**

 **Email1 :::**

 **Email2 :::**

**Prior Position1**

 **Title/Start Year to End Year :::**

 **Department or Division or … :::**

 **Institution or Company … :::**

 **City/…/Country :::**

**Prior Position2**

 **Title/Start Year to End Year :::**

 **Department or Division or … :::**

 **Institution or Company … :::**

 **City/…/Country :::**

**Prior Position3**

 **Title/Start Year to End Year :::**

 **Department or Division or … :::**

 **Institution or Company … :::**

 **City/…/Country :::**

**Education**

 **Most Recent Degree/Year** :::

 **Institution** :::

 **City/…/Country** :::

 **Previous Degree/Year** :::

 **Institution** :::

 **City/…/Country** :::

 **Previous Degree/Year** :::

 **Institution** :::

 **City/…/Country** :::

**Discuss how the nominee has promoted significantly the advancement of women in medical imaging sciences.**

**:::**

**At least one nominator (the primary or the second) shall provide a letter of nomination in support of this nomination.**

**Name of Nominator (First)**

 **First :::**

 **Middle :::**

 **Last :::**

**Position**

 **Title :::**

 **Department or Division or … :::**

 **Institution or Company or … :::**

 **Address :::**

 **Address** :::

 **Address :::**

 **Address :::**

 **Phone1/office or cell or … :::**

 **Phone2/office or cell or … :::**

 **Email1 :::**

 **Email2 :::**

**Name of Nominator (Second)**

 **First :::**

 **Middle :::**

 **Last :::**

**Position**

 **Title :::**

 **Department or Division or … :::**

 **Institution or Company or … :::**

 **Address :::**

 **Address** :::

 **Address :::**

 **Address :::**

 **Phone1/office or cell or … :::**

 **Phone2/office or cell or … :::**

 **Email1 :::**

 **Email2 :::**

**Two (2) additional pieces of supporting material may be submitted**

**Supporting Material 1 :::**

**Supporting Material 2 :::**