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 :::**