



# VISION AWARDS

**IMPORTANT: Before submitting, verify the following:**

- Form is complete (do not staple; paperclip ok.)
- Form is typed in 12 point font.
- Any supporting documentation is included.
- No reference to nominee's identity, association or company is made in answers below.
- A color *professional style* photo (head or shoulder shot) is emailed to [jfahl@cacm.org](mailto:jfahl@cacm.org).

## Nomination Form

A downloadable copy of this nomination form is available in Microsoft Word at [www.cacm.org](http://www.cacm.org).

**Submissions must be received by 5 pm, Friday, June 4, 2010.**

Level (if applicable)  Level I (1-300 CID units)  Level II (301 or more CID units)

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Award

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Nominee Name/Title/Firm/Association

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Address

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City/State/Zip

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Phone/Fax/Email

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Nominated by/Title/Firm/Association

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Address

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City/State/Zip

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Phone/Fax/Email

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Signature

A signature, or in the case of electronic submission, an email address, verifies information to be a true and accurate account of the nominee's accomplishments. CACM reserves the right to verify any and all information submitted with the entry. If information cannot be verified, the nomination may be disqualified. Information found to be falsified will be referred to the Professional Standards Committee (PSC) for possible ethical violation and action by the PSC.

**Award Nomination** \_\_\_\_\_

**Level (if applicable)**  **Level I (1-300 CID units)**  **Level II (301 or more CID units)**

**Nominee Name** \_\_\_\_\_

**Date** \_\_\_\_\_

Describe one to two accomplishments related to the award for which the individual is being nominated. Please include information on: a) the accomplishment itself, b) the actions taken to achieve it, c) who benefited from it, d) any measurable results obtained from the accomplishment, e) how it exceeded the normal course of daily duties, and f) why you feel this person deserves the award.

*(Limit response to 750 words or less. Do not refer to nominee's identity, association or company.)*

Submit completed nomination form, all supporting documentation and a  
*professional style* (head, shoulder shot) color photo of nominee by:

**eMail:** [jfahl@cacm.org](mailto:jfahl@cacm.org) **Fax:** (949) 916-3103

**Mail:** CACM Vision Awards Committee, 23461 South Pointe Dr., Suite 200, Laguna Hills, CA 92653