



NOMINATION FORM: CLASS OF 2018

LAB DIVISION HALL OF FAME INDUCTEES

Nomination must be returned by: June 22, 2018
Please return by email to:
Steve Sutherlin – ssutherlin@thevisioncouncil.org

CANDIDATE'S INFORMATION

(Please complete all applicable information.)

Full Name: _____ Please Check One: Living Deceased
Spouse/Family Contact (if deceased): _____
Firm Name: _____
Type of Business: _____
Contact Information: (please check one) Business Home
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____
Email Address: _____

1. Resume of Candidate's Optical Industry Involvement.

(Begin with the first activity and continue through current or last industry involvement. Additional pages may be submitted if needed.)

Date: _____ Company/Organization: _____ Title: _____
Job Responsibilities:

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2. Optical Associations Involvement (e.g., Optical Laboratories Association, The Vision Council):

Date: _____ Association: _____ Role: _____

Responsibilities:

Date: _____ Association: _____ Role: _____

Responsibilities:

3. Special Awards and/or Industry Recognitions.

4. Why should this candidate be considered for the Hall of Fame? What significant leadership contributions has the candidate made to the optical industry?

5. What developments or special contributions has this individual made to the optical industry? How has this individual impacted the optical industry?

6. Hall of Fame inductees are expected to attend the Lab Division Hall of Fame banquet for their induction. The banquet is a signature event of the Lab Division Meeting during International Vision Expo West in Las Vegas.

To the best of your knowledge, is this Nominee able to attend? _____ (yes or no)

If yes, do you believe the Nominee would attend _____ (yes or no)

Would you be willing to assist in confirming their attendance? _____ (yes or no)

I herewith submit the application with the endorsement of a co-sponsor.

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NOMINATING Person:

Name: _____
Company Name: _____ Business Phone: _____
Email: _____ Date: _____

CO-SPONSORING Person:

Name: _____
Company Name: _____ Business Phone: _____
Email: _____ Date: _____

Committee Action:

Date Rec'd: _____ Material Returned-Not Complete: _____ Re-submit: _____
Omit: _____ Review: _____



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