



AWARD NOMINATION

Please Check Which Award:

Charles River Medallion U. Kristina Stephens

Special Service William O. Umiker Memorial

Name:		Job Title:	
Company:		Department:	
Address1:		Address2:	
City:		State/Postal Code:	
Phone:		Fax:	
Email:		Cell:	
Years as Lab Animal Manager:		Years LAMA Member:	
Education and/or certifications:			
Contributions to LAMA and to the field of Laboratory Animal Management:			
Brief sketch of nominee’s professional background and a statement pertaining to his/her qualifications for the award.			



AWARD NOMINATION

Membership in profession and /or scientific organizations: (years, committees)

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Honors or Awards:

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Contributions to LAMA's publications, published articles and books and Presentations at seminars and workshops (required for the William O. Umiker Memorial Award) :

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To submit: Save to your computer and email as an attachment to: jrmanke@associationsolutionsinc.com

For questions about the awards: e-mail Deidre Wright wrightdr@muscd.edu