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| Nomination FormSociety for Veterinary Medical Ethics Shomer Award |

**Deadline for submission: September 1, 2017**

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| **Nominee’s Name and Contact Information** |
| **Name:** |  |
| **Address:** |  |
| **City:** |  | **State/Province:** |  |
| **Zip/Postal Code:** |  | **Country:** |  |
| **Phone:** |  | **E-mail:** |  |
| **Educational Background:** |  |
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| **Nominator’s Name and Contact Information** |
| **Name:** |  |
| **Address:** |  |
| **City:** |  | **State/Province:** |  |
| **Zip/Postal Code:** |  | **Country:** |  |
| **Phone:** |  | **E-mail:** |  |
| **Educational Background:** |  |
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| **You must submit:** |

1. **Nomination form**
2. **A detailed letter of nomination which describes exactly how the nominee has met the award criteria**
3. **A copy of the nominee’s curriculum vitae/resume specifying in detail the nominee’s activities in the field of veterinary medical ethics**

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| **Submit to:** |

**Dr. Karyl Hurley**

**karyl.hurley@effem.com**