

## Distinguished Service Citation 2019 Award Nomination Form

Nominee Information					
Title:		First Name:		Last Name:	
Position:					
ASID Division:					
Contact Email:					
Contact Phone:					
Current Financial Member of ASID:	<input type="checkbox"/> Yes <input type="checkbox"/> No (ineligible for nomination)				
Current ASID Board Director	<input type="checkbox"/> Yes (ineligible for nomination) <input type="checkbox"/> No				
Nominee has consented to nomination	<input type="checkbox"/> Yes <input type="checkbox"/> No (ineligible for nomination – consent is required)				

Nominator					
Title:		First Name:		Last Name:	
ASID Division					
Contact Email:					
Contact Phone:					
Current Financial Member of ASID:	<input type="checkbox"/> Yes <input type="checkbox"/> No (nominator must be a member of ASID)				

Reason for Nomination (max 500 words)
<i>Describe the significant contribution the person has made to ASID and the reason for nomination</i>

**Applications Close 13<sup>th</sup> September 2019**

**Please send completed nomination forms to: [secretariat@asid.asn.au](mailto:secretariat@asid.asn.au)**