

CECOM Hall of Fame Nomination Form

Nominee's Name: _____

Nominee's Current Address: (If deceased, provide the data for surviving spouse or next of kin.)

Address: _____

Email Address: _____

Telephone Number (to include Area Code): _____

Nominee's Organization: _____

Nominee's Position Title _____

Nominee's Dates of Service: _____

If the nomination is justified on contributions for more than one position or assignment, list each on a separate sheet.

Supporting Documentation:

1. Narrative not to exceed two pages describing the nominee's enduring contributions
2. Testimonials (optional)
3. Portrait-style photograph of the nominee (8x10 color photograph on photo paper **OR** 8"x10", 300 DPI color .JPG digital image **OR** 1200 x 1600 pixels, 72 DPI .JPG digital image)

Nominator's Information:

Name: _____

Address: _____

Email Address: _____

Telephone Number (to include Area Code): _____