



BioTherapeutics, Education & Research Foundation

Advancing Healthcare through Education & Research

36 Urey Court, Irvine, CA 92617 ~ Phone: 330-644-0217 ~ Fax: 949-679-3001 ~ www.BTERFoundation.org

Nominating Form for the

William S. Baer Award for Outstanding Service in the Advancement of Biotherapy

Thank you for your interest in nominating prospective awardees. Make sure that your nominee agrees to participate in the selection and awards process. Self-nominations are permitted. Fax, mail or e-mail the completed nomination form to the address above. *Note: If completing the PDF file on the computer, print before closing because Adobe Reader can not save your completed form. Application materials will not be returned.*

Part A. Information about the person making the nomination

1) Name:

Mr. Ms. Miss Mrs. Dr. Other: _____

First: _____ Middle: _____ Last: _____

2) Contact Information

Address (Name of Employer, if applicable): _____

Address (home or work): _____

City: _____ State/Province: _____ Zip Code: _____ Country: _____

Phone: (____) ____ - ____ Fax: (____) ____ - ____ E-mail: _____ @ _____

3) Relationship to nominee (Check here if nominating self, and skip to Part B, Question 3):

How long have you known nominee, what is your relationship and on what basis is your recommendation?

Part B. Information about the nominee (skip to #3 if same as person making the nomination)

1) Name:

Mr. Ms. Miss Mrs. Dr. Other: _____

First: _____ Middle: _____ Last: _____

2) Contact Information

Address (home or work): _____

City: _____ State/Province: _____ Zip Code: _____ Country: _____

Phone: (____) ____ - ____ Fax: (____) ____ - ____ E-mail: _____ @ _____

