

REGIONAL TECHNICAL AWARD FORM

This form and all attachments are to be sent to:

**Illuminating Engineering Society of North America
120 Wall Street, 17th Floor
New York, NY 10005-4001**

Please print or type (use additional sheets if necessary)

1. Candidate's Personal Data

Name_____

Address_____

City/State/Zip Code_____

Telephone – Home _____ Business_____

Date elected Associate Member_____

2. Teaching Experience

Teacher of Illuminating Engineering for _____ years

From – To	Institute	Course/Subject	Credit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Scientific Achievements

Publications_____

Patents_____

Design Awards_____

Notable Original Work_____

6. Proposers

Chief Proposer

Name_____ IES Member_____ Fellow_____
Title_____ Phone_____
Company_____ Signature_____
Address_____

Proposer

Name_____ IES Member_____ Fellow_____
Title_____ Phone_____
Company_____ Signature_____
Address_____

Proposer

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Title_____ Phone_____
Company_____ Signature_____
Address_____

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Address_____

Proposer

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Title_____ Phone_____
Company_____ Signature_____
Address_____

Proposer

Name_____ IES Member_____ Fellow_____
Title_____ Phone_____
Company_____ Signature_____
Address_____

RD Signature_____
Region_____