



**Illuminating**  
ENGINEERING SOCIETY

**Illuminating Engineering Society  
of North America**

120 Wall Street, 17th floor  
New York, NY 10005-4001  
T 212-248-5000  
F 212-248-5017,18  
www.ies.org

**IES – SECTION SERVICE AWARD FORM**

Date proposed: \_\_\_\_\_ Section Name: \_\_\_\_\_

Date to present award Month: \_\_\_\_\_ Year \_\_\_\_\_ (plaque will indicate month and year only)

Use additional sheets if necessary. Please type or print clearly.

1. Candidate's Personal Data

Name \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
Business Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
IES Member# \_\_\_\_\_ Section \_\_\_\_\_

2. IES Section Offices Held

<u>Position</u>	<u>Year</u>
_____	_____
_____	_____
_____	_____

3. IES Section Committees Served

<u>Position</u>	<u>Year</u>
_____	_____
_____	_____
_____	_____

4. IES Section Administrative Contributions

<u>Position</u>	<u>Year</u>
_____	_____
_____	_____
_____	_____

5. IES Section Courses/Workshops: Prepared, Conducted or Instructed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Other Pertinent IES Section Service or Activities

\_\_\_\_\_  
\_\_\_\_\_

7. Attached are two (2) letters of reference from the following members of the section:  
**(Please Print)**

1. \_\_\_\_\_ IES Member# \_\_\_\_\_  
First Name, Last Name

2. \_\_\_\_\_ IES Member# \_\_\_\_\_  
First Name, Last Name

8. Approvals

*I hereby affirm that the candidate for the Section Service Award has been approved by the Section Board of Managers*

Signature of Section President: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please submit completed nomination form and materials to:**  
IES, Membership Department, 120 Wall Street -17<sup>th</sup> Floor, New York, NY 10005  
Questions? E-mail [mmeacham@ies.org](mailto:mmeacham@ies.org) or phone 212-248-5000 ext 113

**Instructions for Shipping:**

For IES Office: Upon approval and completion, please ship Section Service Award Plaque to: (Please include complete address. PO Box is not acceptable).

Name \_\_\_\_\_  
Business \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
Contact phone: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_