



## Woman in Allergy Award Nomination Form

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1. Name of Nominee (Last, First, Middle): \_\_\_\_\_

2. Business/Institution Address (Street, City, State, Country, Phone No.): \_\_\_\_\_

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

3. List your nominee's professional credentials: \_\_\_\_\_

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

4. Describe and enumerate the significant contributions the nominee has made to the specialty in education and/or practice (Attach documentation).

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

5. Submitted by: \_\_\_\_\_  
Name

\_\_\_\_\_  
Institution and Address

\_\_\_\_\_  
Phone number

Return to: ACAAI  
85 W. Algonquin Road, Suite 550, Arlington Heights, IL 60005