**Nomination Form For:**

***check only one Please note:***

🞎 LIFETIME ACHIEVEMENT AWARD

🞎 DISTINGUISHED SERVICE AWARD **Please send your nominations only to:** [awards@iisl.space](mailto:awards@iisl.space)

🞎 AWARD OF APPRECIATION

🞎 CERTIFICATE OF OF GRATITUDE

🞎 SPACE LAW AWARD FOR YOUNG ACHIEVERS

# Nominee Information

*If nominee is an organization or firm - provide the name, address, and telephone of the firm and the name, address phone number, and email address if applicable, of the chief executive officer, president, or owner:*

Ms. Mrs. Mr. Dr. Prof.

Name: *first* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*middle initial* \_\_\_\_\_\_\_\_ *last* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Name *(if retired, mention the last employer before retirement):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position / Title (*If nominee is a group, provide a description of the purpose of the group and the primary organization it supports*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address: City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Key Outstanding Accomplishments and Contributions (*describe how the nominee meets the award – certificate criteria mentioned below*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Submit appropriate documentation (not more than seven pages) supporting the nomination. The document(s) should be sufficient in detail and clarity, in order to enable the IISL Awards Committee to easily verify the information. The supplied information should generally be relevant to the criteria specified herein and must specifically exhibit original ideas which significantly contributed to advancement of space law and/or selfless dedication and service to the IISL.*

Home Address: City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# NOMINATOR INFORMATION

*Below provide the name of the IISL Member submitting the nomination.*

Name: *first* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*middle initial* \_\_\_\_\_\_\_\_ *last* \_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_

Address: City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province:\_\_\_\_\_\_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# REFERENCES

*Below, provide the name, address, phone number, and email address (if applicable) of two references that can provide comments concerning the nominee’s expertise, accomplishments and contributions. At least one reference must be an IISL member in good standing:*

REFERENCE No. 1

Name: *first* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*middle initial* \_\_\_\_\_\_\_\_ *last* \_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_

Address: City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province:\_\_\_\_\_\_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFERENCE No. 2

Name: *first* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*middle initial* \_\_\_\_\_\_\_\_ *last* \_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_

Address: City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province:\_\_\_\_\_\_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

#### FOR IISL INTERNAL USE ONLY

Date nomination received: \_\_/\_\_/\_\_\_\_ Recommendation of Awards Committee:\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional remarks if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**Important note:** *Nominators and referees should ensure that their involvement does not result in conflict of interests, including that nominators or persons listed as references cannot be a relative of or employed by or employee of the nominee.*