

Peter Baker Leadership Award

Nomination Form

The recipient of the Peter M. Baker Leadership Award is given annually to an individual who has demonstrated outstanding leadership in an organization or a company that has significantly benefited the world laser community or has led to major global impacts in the advancement of laser science, technology, engineering or applications.

Nominator: Cite the activities for which the candidate is to be recognized using the award's criteria for reference. Provide the candidate's brief C.V. (3 page maximum). Nominator must provide at least two (2) completed Nomination Support Forms from prominent individuals.

Supporting Sponsors: Supporting Sponsor must be an LIA member; document nominee's contribution in the field; and provide a completed Nomination Support Form.

NOMINATION

Candidate's Name: _____

Candidate's Company Affiliation: _____

Candidate's Email: _____

Candidate's Telephone: _____

Comments: _____

NOMINATED BY

Name: _____ Company Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Telephone: _____ Email: _____

Peter Baker Leadership Award

Nomination Form

FIRST SPONSOR

Name 1: _____

Telephone 1: _____

Email 1: _____

SECOND SPONSOR

Name 2: _____

Telephone 2: _____

Email 2: _____

THIRD SPONSOR

Name 3: _____

Telephone 3: _____

Email 3: _____

PLEASE EMAIL, FAX or MAIL YOUR COMPLETED FORM TO:

+1.407.380.1553 | nominations@lia.org | fax: 407-380-5588
13501 Ingenuity Drive, Suite 128, Orlando, FL 32826

Peter Baker Leadership Award

Reference Form

You are being asked to serve as a supporting sponsor for the candidate below who is being nominated for the Peter M. Baker Award presented by the Laser Institute of America. A copy of the completed Nomination Form should have been received with this reference form. If not, please contact the nominator. Your assistance in supporting this nomination is appreciated.

PRIVILEGED INFORMATION:

Candidate's Name: _____

How long have you known the candidate or have known of her/his professional activity.

Time In Years: _____

Areas in which you feel the candidate has made major contributions to the LIA and the laser community: *(Check all that apply)*

- Education
- Research
- Business
- Other: _____

Your assessment of the candidate's qualification

- Exceptionally Well Qualified
- Well Qualified
- Marginally Qualified
- Not Qualified

Comments: _____

SUBMITTED BY:

Name: _____ Company Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Telephone: _____ Email: _____

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