

# 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: \_\_\_\_\_

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### FIRST SPONSOR

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Name 1: \_\_\_\_\_

Telephone 1: \_\_\_\_\_

Email 1: \_\_\_\_\_

### SECOND SPONSOR

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Name 2: \_\_\_\_\_

Telephone 2: \_\_\_\_\_

Email 2: \_\_\_\_\_

### THIRD SPONSOR

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Name 3: \_\_\_\_\_

Telephone 3: \_\_\_\_\_

Email 3: \_\_\_\_\_

**PLEASE EMAIL, FAX or MAIL YOUR COMPLETED FORM TO:**

+1.407.380.1553 | [awards@lia.org](mailto:awards@lia.org) | fax: +1.407.380.5588  
13501 Ingenuity Drive, Suite 128, Orlando, FL 32826

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## 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 Leadership 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:

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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:

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Name: \_\_\_\_\_ Company Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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