American Chemical Society  
 Dallas - Fort Worth Section  
 Nomination Form For The Wilfred T. Doherty Award

Note: In order for the Committee to make a thorough evaluation of each nominee, the following information must be supplied. The information should be typed, and only one copy is required. The nomination should be mailed to the current Chairman of the Awards Committee.

1. Candidate's Name:_________________________________________________________.
   (Last)  (First)  (Middle Initial)

2. Candidate's Professional or Business Address:

   ____________________________________________________________
   (Organization)  Business Telephone: ____________________________
                   (Area Code & Number)

   ____________________________________________________________
   (Number, Street)  Fax Number: _________________________________
                     (Area Code & Number)

   ____________________________________________________________
   (City and State)  E-Mail Address: ______________________________
                    (ZIP Code)
3. **Candidate's Present Job** (A brief description of Candidate's duties and responsibilities):

4. **Approximately how long has the Candidate resided in the local section area?** (If less than five years, indicate prior professional locations.)

5. **Candidate's Education**

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Postdoctoral Experience

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6. **Candidate's Career** (A brief description in chronological order, present position first):
7. List of Candidate's previous honors and date received for professional work during or following education:

8. List of Candidate's memberships in societies, clubs, and other organizations:

9. Attach a list of Candidate's patents and/or published papers by title and reference on separate sheets

10. Describe the nature, purpose and results of the Candidate's work to be considered for the Doherty Award, and indicate primary location at which work was conducted. This information will be used by the committee to prepare the award citation.
11. Supplemental letters supporting this nomination from other individuals may be submitted.

The nominator certifies that the facts contained in this nomination are accurate to the best of his or her knowledge.

Signed: ____________________________  Address: __________________________________________.

Name (Typed): ____________________________  Phone Number: ____________________________.