RETURN THIS FORM BY APRIL 1
in the year in which the award is to be given, to:

Chairman, HTS Selection Committee
Heat Treating Society
9639 Kinsman Road
Materials Park, Ohio 44073-0002

(Please Type)

Date: __________________________

1. Name of Candidate:

2. Home Address and Telephone Number:  3. Business Title, Company, Address, Telephone Number, Fax Number, E-mail Address:

4. Member Number: Birth Date:

   Years ASM Member:

5. Academic Background (list Institution, Major/Minor, Year of Graduation and Degree/Certificate):

6. Employment History (list Company Name, Position and Year):
7. Summary of nominee’s most significant contributions or accomplishments.

8. Read carefully qualifications for this award. Why does the nominee fit the requirements?

9. Suggested citation of not more than thirty words:

11. Append statements/letters from at least three close associates familiar with the candidate’s endeavors.

Submitted by: __________________________________________
(Signature)
_______________________________________________
(Print Name)
_______________________________________________
(Nominator’s Member Number)