The Eye Bank Association of America is requesting nominations for this year’s Gift of Sight Award. The Gift of Sight Award is presented to a professional who works closely with the eye banking community and whose efforts have demonstrated significant support of eye and corneal donation. Eligible nominees include, but not limited to:

*nurses
*medical examiners
*social workers
*clergy

*funeral service professionals
*hospital administrative personnel
*professionals who have worked to encourage corneal donation

Executive Directors and/or Medical Directors of member eye banks are encouraged to submit a Gift of Sight Award nomination for the professional associated with their eye bank who has made outstanding contributions to the eye bank, eye banking, and the “Gift of Sight.”

The Gift of Sight Award will be presented at the Annual Meeting of the Association, in June 2012 in Hollywood, Florida.

AWARD GUIDELINES:

- Previous nominations may be submitted.
- Nominations must be received by April 9, 2012.
- The EBAA will provide the awardee with one night of lodging, the award, a press release, and coverage in the EBAA Year in Review and the Insight newsletter.
- The submitting eye bank is responsible for all other expenses.
- Salaried eye bank staff or paid outside consultants are not eligible for the award.
- Recipient must be present at the Annual Meeting to receive the award.

JUDGING:

1. All nominations will be reviewed by the EBAA Executive Committee, or a committee designated by the Chair.
2. The nominating bank will be notified of the winner in a timely manner prior to the ceremony. Note that the EBAA office will not publicly announce the winner until the date of the Banquet; no other public announcements may be released prior to the EBAA announcement.
Nominee: ____________________________________________

Title: ___________________________________________

Professional Affiliation: ________________________________

Address: ____________________________________________

____________________________________________________________________

____________________________________________________________________

Number of years in professional position: ________________________________

Number of years affiliated with the eye bank program: _______________________

Professional organizations and positions held in these organizations: ______________

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Previous awards received: ____________________________________________

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Brief biography including military service, education, previous employment, etc:
(Please expand and use additional paper if needed.)

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Describe the contributions that your nominee has made toward your eye bank, eye banking in general, and the Gift of Sight.

______________________________________________________________________________

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Submitting Eye Bank:___________________________________________________________

Contact person/title: ____________________________________________________________

Address: ______________________________________________________________________

Contact Person: ________________________________

Phone: ________________________ Fax: _____________ Email: ________________________

Return this form to: EBAA, 1015 18th Street, N.W., Suite 1010,  
Washington, DC, 20036  
Fax: (202) 429-6036  
Deadline: Monday, April 9, 2012