NOMINATION FORM

2020 Optometrist of the Year Award

This professional service award recognizes an individual for outstanding participation and contributions to organized optometry and his or her community. It is intended that this award be used to indicate one person whose cumulative service up to the time of presentation exemplifies the tradition of unselfish service for the betterment of his or her profession and community.

Nominee’s Name: ___________________________________________________

Reason for Nomination: _____________________________________________________________

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Name of optometrist making this nomination: ____________________________________________

Signature of nominating optometrist: ___________________________________________________

Date of nomination: ___________________

Please use additional pages if needed.

The deadline for submission is December 11, 2020

Please mail or fax completed application to:
Connecticut Association of Optometrists
35 Cold Spring Road, Suite 211, Rocky Hill, CT 06067
Fax: (860) 529-4411 – no cover sheet required