



NOMINATION FORM

2019 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: _____

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 16, 2019
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