

CLESS BEST OF THE BEST AWARD
UIC Department of Ophthalmology and Visual Sciences
Nomination Form

Nominator Information

Name:

Title:

Institution:

Nomination

Nominee Name:

Nominee Title:

Nominee's Institution:

Title of Nominee's ARVO Talk:

Listed on Schedule as:

1. Briefly describe the nominee's professional standing.

2. Briefly describe the prominence of the nominee's talk (on the meeting schedule).

3. Briefly describe the significance of the nominee's talk.

4. Briefly describe the quality of the presentation.

5. Briefly describe the contribution of the topic to advancing vision research.

Additional comments:

Email form to nalin@uic.edu or fax to 312-996-7770.