



**Society for Vascular Surgery  
Medal for Innovation in Vascular Surgery  
Nomination Form**

**Nominee:**

Name: \_\_\_\_\_  
First Name Last Name Designation (M.D., Ph.D.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Country if other than U.S.: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Nominator:**

Name: \_\_\_\_\_  
First Name Last Name Designation (M.D., Ph.D.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Country if other than U.S.: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

(Must be a member in good standing of the SVS)

**Please attach the following documentation to this form:**

- CV of the Nominee
- Description of the Innovation

**Send nomination form and supporting material no later than March 1 to:**

Society for Vascular Surgery  
9400 W. Higgins Road, Suite 315  
Rosemont, IL 60018  
ATTN: Distinguished Fellows Council

**OR Email: [vascular@vascularsociety.org](mailto:vascular@vascularsociety.org)**