



ASCLS-NJ Nomination Form

(To be completed by nominator)

Date Submitted: _____

(Name of **nominee**) (ASCLS #)

(Street address) (City) (State) (Zip)

(Business phone, include area code) (Home phone, include area code)

(E-mail address)

Category/Award Nominated for: (check only one)

Educator: _____ Manager/Supervisor: _____

Laboratorian: _____ Student: _____

Name of Submitting Professional (Optional): _____

Contact information: _____

I would like to nominate the above Laboratory Professional for the above category because:

Email completed form to Marietta Tomlin by March 25, 2024 to marietta.murillo@gmail.com