

# CONCLAVE OF EAGLES NOMINATION FORM

Please complete this form in its entirety and submit it to Stephanie Wilson at the address below or via email ([wilson@amops.org](mailto:wilson@amops.org)) along with any and all supporting documentation. AMOPS, 445 Marshall Street, Suite 151, Phillipsburg NJ 08865

*Nomination Form*



## CONCLAVE OF EAGLES NOMINATION FORM

To Be Completed by the Nominating Member

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Nominator's Name

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Address

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City, State, Zip Code

I would like to nominate the following AMOPS Member for the honorary distinction of Conclave of Eagles:

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Candidate's Name Including Rank

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Address

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City, State, Zip Code

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Email Address

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Military Branch



Please describe any significant contribution to the specialty of Military Medicine and to the Osteopathic Profession that this nominee has made.

Please describe any significant contribution to AMOPS that you feel your nominee has made. Please be as specific as possible.

Please return this completed form and a letter of recommendation. Nominations received by the AMOPS and postmarked before March 1 will be accepted for consideration at the Annual Meeting in the spring. Nominating Eagles may not nominate more than one (1) candidate per application period.

I hereby certify that the above information is true and accurate.

Nominator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_