

# GIFT OF SIGHT AWARD

The Eye Bank Association of America is requesting nominations for this year's **Gift of Sight Award**. The **Gift of Sight Award** is presented to a professional who works closely with the eye banking community and whose efforts have demonstrated significant support of eye and corneal donation. Eligible nominees include, but not limited to:

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|--------------------|------------------------------------|
| *nurses            | *funeral service professionals     |
| *medical examiners | *hospital administrative personnel |
| *social workers    | *professionals who have worked     |
| *clergy            | to encourage corneal donation      |

Executive Directors and/or Medical Directors of member eye banks are encouraged to submit a **Gift of Sight Award** nomination for the professional associated with their eye bank who has made outstanding contributions to the eye bank, eye banking, and the "Gift of Sight."

The **Gift of Sight Award** will be presented at the Annual Meeting of the Association, in June.

## AWARD GUIDELINES:

- Previous nominations may be submitted.
- Nominations must be received at least two months prior to the start of the Annual Meeting, but no later than by March 21, 2008.
- The EBAA will provide the awardee with two nights of lodging, the award, a press release, and coverage in the EBAA *Year in Review* and the *Insight* newsletter.
- The submitting eye bank is responsible for all other expenses.
- Salaried eye bank staff or paid outside consultants are not eligible for the award.

## JUDGING:

1. All nominations will be reviewed by the EBAA Executive Committee, or a committee designated by the Chair.

2. The nominating bank will be notified of the winner in a timely manner prior to the ceremony. Note that the EBAA office will not publicly announce the winner until the date of the Banquet; no other public announcements may be released prior to the EBAA announcement.

# GIFT OF SIGHT AWARD NOMINATION FORM

Nominee: \_\_\_\_\_

Title: \_\_\_\_\_

Professional Affiliation: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Number of years in professional position: \_\_\_\_\_

Number of years affiliated with the eye bank program: \_\_\_\_\_

Professional organizations and positions held in these organizations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Previous awards received: \_\_\_\_\_

\_\_\_\_\_

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Brief biography including military service, education, previous employment, etc:  
(Please expand and use additional paper if needed.)

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Describe the contributions that your nominee has made toward your eye bank, eye banking in general, and the Gift of Sight.

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Submitting Eye Bank \_\_\_\_\_

Contact person/title: \_\_\_\_\_

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

\_\_\_\_\_

Contact Person: \_\_\_\_\_

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

**Return this form to:** EBAA, 1015 18th Street, N.W., Suite 1010,  
Washington, DC, 20036  
Fax: (202) 429-6036  
**Deadline: Friday, March 21, 2008**

