Please complete	the application completely.
1. Submitted by:	
* 2. Please enter the	he Clinical-Research candidate information:
Name:	
Company:	
Address:	
Address 2:	
City/Town:	
State:	select state ▼
ZIP/Postal Code:	
Country:	
Email Address:	
Phone Number:	
3. Candidate's Aca	ademy membership number:
4. Dl	
4. Please enter the Highest degree	e education information.
completed	
Date of highest degree	
Institution	
City/State	
5. Nominees shoul or more of the following the following should be	ld have made significant contributions in clinical dietetics/research in one owing areas:
- Development of a	a special clinical nutrition program
	patient/public nutrition education material
	ution in clinical nutrition research
riease describe yo	our contribution below.

xcellence Award	•••			
Please submit i	nformation regardin	ıa vour emplover	(if you are select	red a letter will be
ent to your empl		ig your omproyer	(ii you are select	, a 100001 Will 20
apervisor Name:				
upervisor Title:				
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mail Address:				