



THE WESTERN SOCIETY FOR PEDIATRIC RESEARCH

E-mail: WSPR@hsc.utah.edu

<http://www.aps-spr.org/Regions/WSPR/default.asp>

TAX ID#94-2796477

Nomination Form for Membership

NOMINEE (TYPE NAME)

NOMINEE (SIGNATURE)

Current Address:

Phone Number:

Fax Number:

E-mail Address:

Present position:

Date of completion of medical school or of obtaining professional degree: _____

NOMINATOR (TYPE NAME)

NOMINATOR (SIGNATURE)

Include in a single transmission:

1. Nomination form
2. A letter of recommendation from nominator (see criteria #4)
3. Curriculum vitae or NIH biosketch of nominee
4. Statement by nominee of current independent research activities
5. One to three reprints

Nomination deadline: Accepted and evaluated throughout the year. Please send nomination material to: WSPR@hsc.utah.edu