

Department of Defense George Linsteadt Technology Transfer Achievement
Award Nomination Form 2024

Individual Nomination: ☐ Team Nomination*: ☐

*For Team nominations use a separate sheet for each team member.

Nominee's Title and Full Name: _____

Title of Nominated T2 Effort: _____

Fiscal Year(s) Effort Occurred: _____

Home Organization: _____

Address: _____

Phone: _____ **Email:** _____

For the Nominator

Title and Full Name: _____

Home Organization: _____

Address: _____

Phone: _____ **Email:** _____

Nominator's Signature: _____

For the Nominee

I certify the accuracy of all information contained on the nomination form and the supporting narratives and give permission for the facts to be used for publication. If selected for the Department of Defense George Linsteadt Technology Transfer Achievement Award, I will make every effort to attend the award ceremony.

Nominee's Signature: _____

For the Laboratory Director (see nomination criteria for alternatives):

I have reviewed the complete nomination package and hereby approve this nomination for submission for the Department of Defense George Linsteadt Technology Transfer Achievement Award.

Laboratory Director's Signature: _____