



INSTITUTE OF HAZARDOUS MATERIALS MANAGEMENT
11900 Parklawn Drive, Suite 450, Rockville, MD 20852 ♦ 301-984-8969 / FAX 301-984-1516

NOMINATION AS A FELLOW OF THE INSTITUTE

Name of Nominee _____ CHMM # & Date _____
IHMM will provide/verify

Nominee's Home Address _____

_____ Telephone No. _____

Employer and Work Address _____

_____ Office Tel. No. _____

Position Title _____ E-mail _____

Please give a brief outline of your nominee's qualifications below and **attach additional sheets** to expand upon these entries:

1. Education and Experience:

2. Professional Achievements and Activities:

3. Contributions to the profession and/or to the CHMM Program:

Nominator: _____ Date: _____ Daytime Phone: _____
Please print your name

Signature: _____ Email: _____