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OFFSHORE TECHNOLOGY CONFERENCE

Distinguished Achievement Award for Companies, Organizations, and Institutions NOMINATION FORM

Nomination Packets should include:

- ✓ PowerPoint presentation totaling no more than 10 slides highlighting the project being nominated.
- ✓ (optional) Letters of support (max of 3)

Submission: Please type directly into this form. Then choose "save as" and name the document. Return Completed Form and all supporting materials by **12 September** to Jamie Zarda, OTC Program Manager at jzarda@otcnet.org.

Criteria: Candidate must have made significant and unique achievements in, or contributions to, any field of offshore technology. This includes, but is not limited to, the design, development and construction of tools, equipment, technical services, vessels, instrumentation, and/or outstanding humanitarian and leadership service, or contributions to environmental efforts.

Questions?: Please refer to the Frequently Asked Questions (FAQ's) on the Awards home page.

Deadline for submission: 5 September

I. NOMINEE CONTACT INFORMATION: *(Type in the gray space below and it will expand as you type)*

<hr/> <i>Company / Organization / Institution Name</i>		<hr/> <i>Today's Date*</i>
<hr/> Please provide a contact name within the company		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____		
<hr/> <i>First Name</i>	<hr/> <i>Last Name</i>	<hr/> <i>Title</i>
<hr/> <i>Complete Mailing Address</i>		<hr/> <i>Email Address</i>
<hr/> <i>Work Phone</i>	<hr/> <i>Cell Phone / Alternate #</i>	<hr/> <i>Fax</i>

II. YOUR CONTACT INFORMATION: *(Type in the gray space below and it will expand as you type)*

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____		
<hr/> <i>First Name</i>	<hr/> <i>Last Name</i>	<hr/> <i>Title</i>
<hr/> <i>Division / Company</i>		<hr/> <i>Email Address</i>
<hr/> <i>Complete Mailing Address</i>		
<hr/> <i>Work Phone</i>	<hr/> <i>Cell Phone / Alternate #</i>	<hr/> <i>Fax</i>

****All submissions remain active for three years****

III. OTHERS: Please list any other individuals who may have information to contribute on this nomination.

_____	_____	_____	_____
<i>First Name</i>	<i>Last Name</i>	<i>Email Address</i>	<i>Phone</i>
_____	_____	_____	_____
<i>First Name</i>	<i>Last Name</i>	<i>Email Address</i>	<i>Phone</i>

IV. DESCRIPTION:

In a separate document, describe why this nominee should be considered for an OTC Distinguished Achievement Award.

ANY ADDITIONAL INFORMATION THAT DOES NOT FIT ON THIS FORM SHOULD BE SUBMITTED AS A SEPARATE DOCUMENT

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