



2017 Helen F. Krause, MD Memorial Trailblazer Award
Presented at the American Academy of Otolaryngology—Head and Neck Surgery Foundation
Annual Meeting & OTO Experience

Call for Nominations

Deadline for receipt of nominations (email only)—close of business, Monday, April 17, 2017.

Preamble/Criteria for Selection

The AAO-HNS Women in Otolaryngology (WIO) Section is pleased to accept nominations for the Dr. Helen F. Krause Memorial Trailblazer Award. This annual award recognizes an individual who through scholarship, advocacy, leadership, and/or mentorship has furthered the interests of women in the field of otolaryngology. **Nominees must be a current AAO-HNS member.**

Selection Process and Award Presentation

The WIO Program & Awards Committee will evaluate the nominations and select an honoree. The honoree will be acknowledged during the Women in Otolaryngology Section General Assembly Meeting, Monday, September 11, 2017. The Academy will also recognize the honoree on its website, and in other media where awardees are covered.

Nominee's Personal Information

AAO-HNS Member ID # _____ Today's Date: _____
(If available)

Nominee's Name _____
Given name Middle Name or Initial Family name Degree (MD, DO, FRCS, PhD, MBBS, etc.)

Nominee's Title and Position (e.g., Professor) _____

Institution/Medical School _____

Address:

Street/Office or Suite No. _____

City _____ State/ZIP code _____

Phones: Office (____) _____ Cell (____) _____
Daytime number/extension

Email No. 1: _____ Email No. 2: _____



AMERICAN ACADEMY OF
OTOLARYNGOLOGY—
HEAD AND NECK SURGERY

F O U N D A T I O N

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Summary of Achievements

Supporting Documentation

Please attach:

1. The Nominee's Curriculum Vitae (CV) or resume
2. Letter(s) of recommendation
3. Additional information

Nominator Information

AAO-HNS Member ID # _____ Today's Date: _____
(If available)

Nominator's Name _____
Given name Middle Name or Initial Family name Degree (MD, FRCS, PhD, MBBS, etc.)

Nominator's Title and Position (e.g., Professor) _____

Institution/Medical School _____

Address:

Street/Office or Suite No. _____

City _____ State/ZIP code _____

Phones: Office (_____) _____ Cell (_____) _____ Fax (_____) _____
Daytime number/extension

Email No. 1: _____ Email No. 2: _____

Application Instructions

Please complete and return this nomination form and any supporting documents as a PDF attachment via email to: wio@entnet.org. Questions? Contact WIO staff at wio@entnet.org or 1-703-535-3726. *Please do not mail or fax hard copies of nomination materials.* Nominators will receive an email receipt for each submission submitted. Thank you.

Empowering otolaryngologist—head and neck surgeons to deliver the best patient care