



MAPS Fellow Award - Nomination Form

Name of nominee _____

Institution _____

Address _____

City _____ State _____ Zip _____

REQUIREMENTS NECESSARY TO MEET AWARD CRITERIA

1. Number of consecutive years of membership in MAPS _____

2. How many conferences have you attended?

Less than five ____ 6 to 10 ____ 11 to 15 ____ More than 16 ____

3. Organizational participation: Elective offices held, Board Member, committee chair, committee membership(s). Please list dates served.

4. Served as conference host. Please list date(s) and location(s).

5. Significant contributions to planetarium methodology, technology, or education (conference papers, workshops, educational development or research, technological innovations)

6. Other professional achievements or contributions (IPS, NSTA, ASTC, etc.)

Please attach additional pages if necessary.

Nominated by: _____ Date: _____

Please submit form to:

Wendy Ackerman
MAPS Awards Committee Chair,
Maryland Science Center, Davis Planetarium,
601 Light Street, Baltimore, MD 21230