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|  | **INTERNATIONAL COMMISSION ON GLASS**A SOCIETY OF SCIENTIFIC AND TECHNOLOGICAL ORGANIZATIONS |

ICG. PRIZE IN MEMORY OF PROF. V. GOTTARDI **2023**

NOMINATION FORM

Instructions:

Nomination forms should be completed by the ICG member organization in English, typewritten, if possible. One copy is requested; the original may be reproduced. Each question must be answered as fully as possible. Detailed answers are desirable in order to allow appropriate evaluation. If necessary, additional pages of the same size may be attached. Send form to Stazione Sperimentale del Vetro.

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| --- | --- | --- | --- |
| 1. Family Name (surname) | First Name |  | Other names |
| 2. Mailing address |  | 3. Home address, if known |  |
| Telephone No., if known | Fax No. if known | Telephone No., if known | Fax No, if Known |
| e-mail: | .......................... |  |  | e-mail: | ........................ |
| 4. City and country of birth | Date of birthDay Month Year | Age | Nationality |
|  |  |  |  |  |  |
| 5. Sex | Male 🞐 Female 🞐 |  |  |
|  |  |  |  |
| 6. Education (list last attended institution first) |  |  |
|  |  |  |  |
| Name of institution | Years of study | Major fields |  |
| and place of study | From‑To | Degrees of study |  |
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| 7. List activities and memberships in public or international affairs and associations |
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| 8. Employment and activity record: it is important to give as complete information as possible |
| A. Present or most recent post |
|  |
| (Description of the work including personal responsibility and resulting important publications (papers, books, patents, etc.) |
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| Years of service in this post  |  |  |  |  |
| Title of the post  |  |  |  |  |  |
| Type of organization |  |  |  |  |  |
| Name and address of employer |  |  |  |  |
| B. Previous post |  |  |  |  |
| (Description of the work including personal responsibility and resulting important publications (papers, books, patents, etc.) |
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| Years of service in this post  |  |  |  |  |
| Title of the post  |  |  |  |  |
| Type of organization |  |  |  |  |
| Name and address of employer |  |  |  |  |

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| 9. Detailed justification for the proposed award |  |  |  |  |
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| The statements in answer to the foregoing questions are true to the best of my knowledge and belief. |
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| Signature |  |
| ICG Member Organization |  |  |  |  |
| Mailing Address  |  |  |  |  |
| Telephone: |  |  | Fax: |  |  | e-mail: |  |  |
| Date |  |  |  |  |  |  |
| Please send this nomination form to:  |  |  |
|  | Stazione Sperimentale del Vetro S.c.p.A.Via Briati 10, 30141 Murano‑Venice, ItalyTel. +39 41 2737011 Fax +39 41 2737048e‑mail: spevetro@spevetro.it  |