**** (Rev.2/2017)

**NCIMS Hall of Fame Nomination Form**

**Name of Candidate, Most Recent Title & Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**Candidate Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**Affiliation or Dairy Sector(s) Represented by Candidate:**

Processing \_\_\_\_ Producer \_\_\_\_ State Regulatory/Rating \_\_\_\_\_ FDA\_\_\_\_\_\_ Other: \_\_\_\_\_\_

**Short Justification for nomination:**

**Short Biography of the Candidate describing dairy related experience, including a list of responsibilities, accomplishments and awards (attach):**

**Specific Contributions to the NCIMS may include but are not limited to:**

1. Number, dates & locations of NCIMS Conferences registered and attended
2. Number of NCIMS Proposals submitted, including Conference year of submission
3. NCIMS Volunteer activities

**NCIMS Board, Council, Committee, Delegate or Advisor Activities (list individually with explanation. Attach page(s) as needed):**

**Submitter Contact Information:**

**Submitted by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiliation:**

**E-mail: Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Submit no later than March 14, 2025 by e-mail to:**

Cary Frye Executive Secretary, National Conference on Interstate Milk Shipments
ncims.frye@outlook.com Phone 202-841-0066