RECOMMENDATION OF A CANDIDATE FOR A CERTIFICATE OF COMMENDATION

Date		Name of Nominator
	attach any document, clippings, photograph luating the activity proposed for recognition	s, or other forms of information that might be helpful by a Certificate of Commendation.
3.	Address of one person (or more) from whom first-hand knowledge about the activity pro	m further details could be obtained, based on their posed for recognition:
(If nec	essary, attach a continuation sheet to comple	te item 2.)
2.	(for example, collecting source materials or a museum; publishing projects; archival wo pharmacy; organizing humanistic groups or	orical activity or achievement meriting consideration artifacts of specified types; founding or maintaining ork; lecturing on historical and cultural aspects of activities among pharmacists; contributing to narmacy) with special reference to such activities in
1.	Name and address of person or group recor	nmended:
Deadl	ine for current competition: October 1	
10:	American Institute of the History of Pharma	acy, /// Highland Ave., Madison, Wisconsin 53/05

Additional nominations may be made on a facsimile of this form