



# OFFSHORE TECHNOLOGY CONFERENCE

## Distinguished Achievement Award for Individuals NOMINATION FORM

**Nomination Packets should include:**

- ✓ CV / Resume of the Nominee
- ✓ PowerPoint presentation totaling no more than 10 slides highlighting their career and reasons for nomination. *A sample slide deck can be viewed on the Awards home page.*
- ✓ Up to 3 Personal Testimonials / Letters of Support

**Submission:** Please type directly into this form. Then choose “save as” and name the document. Return Completed Form and all supporting materials by **16 September 2025** to Karla Heath, OTC Event Specialist at [kheath@otcnet.org](mailto:kheath@otcnet.org)

**Criteria:** Candidate must have made significant and unique achievements in, or contributions to, any field of offshore technology. This includes, but is not limited to, the design, development and construction of tools, equipment, technical services, vessels, instrumentation, and/or outstanding humanitarian and leadership service, or contributions to environmental efforts.

**Questions?** Please refer to the [Frequently Asked Questions](#) on the Awards home page.

**Deadline for submission: 16 September 2025**

**I. NOMINEE CONTACT INFORMATION:** *(Type in the gray space below and it will expand as you type)*

Mr.  Ms.  Dr.  Other: \_\_\_\_\_ Today's Date\*:

\_\_\_\_\_  
First Name Last Name Title

\_\_\_\_\_  
Division / Company Email Address

\_\_\_\_\_  
Complete Mailing Address

\_\_\_\_\_  
Work Phone Cell Phone / Alternate # Fax

**II. YOUR CONTACT INFORMATION:** *(Type in the gray space below and it will expand as you type)*

Mr.  Ms.  Dr.  Other: \_\_\_\_\_

\_\_\_\_\_  
First Name Last Name Title

\_\_\_\_\_  
Division / Company Email Address

\_\_\_\_\_  
Complete Mailing Address

\_\_\_\_\_  
Work Phone Cell Phone / Alternate # Fax

**\*\*All submissions remain active for three years\*\***

**III. OTHERS:** Please list any other individuals who may have information to contribute on this nominee.

|                   |                  |                      |              |
|-------------------|------------------|----------------------|--------------|
| _____             | _____            | _____                | _____        |
| <i>First Name</i> | <i>Last Name</i> | <i>Email Address</i> | <i>Phone</i> |
| _____             | _____            | _____                | _____        |
| <i>First Name</i> | <i>Last Name</i> | <i>Email Address</i> | <i>Phone</i> |
| _____             | _____            | _____                | _____        |
| <i>First Name</i> | <i>Last Name</i> | <i>Email Address</i> | <i>Phone</i> |

**IV. DESCRIPTION:**

In a separate document, describe why this nominee should be considered for an OTC Distinguished Achievement Award.

ANY ADDITIONAL INFORMATION THAT DOES NOT FIT ON THIS FORM SHOULD BE SUBMITTED AS A SEPARATE DOCUMENT

**\*\*All submissions remain active for three years\*\***