



**Thomas L. Northup Lecturer nominations**

**Nominee**

**Qualifying Characteristics (at least 50 words)**

**#1**

**#2**

**#3**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Please return your suggestions to the AAO headquarters by email to [dcole@academyofosteopathy.org](mailto:dcole@academyofosteopathy.org), Fax (317) 879-0563. Thank you in advance for your participation.**