



OTA Keystone Honor Nomination Form

Instructions: Please complete all sections of this form. Incomplete submissions will not be considered.

1. Nominator Information

- Full Name: _____
- Contact Email: _____
- Contact Phone: _____

2. OTA Keystone Honor Nominee Information

- Full Name: _____
- Current Position/Title: _____
- Institution/Organization: _____
- Contact Email: _____

3. Impact Statement

- Describe how the nominee has made an extraordinary impact in the field of orthopaedic trauma (max 500 words).

4. Supporting Evidence

- Provide specific examples of achievements, initiatives, or contributions. (Attach documents if necessary.)

5. References

- Provide the names and contact information of 2-3 individuals who can speak to the nominee's impact.

6. Pledge Commitment

- Total Pledge Amount: \$_____ (\$50,000 minimum)
- Payment Method (check one):
 Single Payment Installments Over - Two Years or Three Years (circle one)
- Initial Payment Amount (if applicable): \$_____

7. Acknowledgment/Signature: I/We understand that this pledge is non-refundable and that all payments must be completed within three years. By signing, I confirm my commitment to support this nomination financially as outlined above. (please use second page for additional names)

Nominator's Signature: _____ **Date** _____

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Submit the completed form and supporting materials to: Elizabeth Plummer, Director of Development, at plummer@ota.org



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Nominator's Signature: _____ **Date** _____

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Nominator's Signature: _____ **Date** _____

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Nominator's Signature: _____ **Date** _____