



American Society of
Ophthalmic Registered Nurses
Specialists in Eye Care

Edna Ashy Award Application

APPLICANT INFORMATION

Name _____ Home telephone _____
Address _____ Work telephone _____
_____ Fax number _____
E-mail address _____
Number of years in ASORN _____ Number of years in ophthalmic nursing _____

PLACE OF EMPLOYMENT

Employer _____
Address _____

PROJECT SUBMISSION

Please submit the following with your application:

- ◆ Your Biographical Data form
- ◆ Your Financial Disclosure form
- ◆ Five copies of your completed entry & 1 cd rom or diskette
- ◆ A signed copy of the attached letter of transmittal
- ◆ This application form

Signature

Date

All applications must be received by June 1 of the current year.

Return application form to: ASORN • P.O. Box 193030 • San Francisco, CA 94119 • (415) 561-8513 • Fax (415) 561-8531