

## Pierre Fauchard Academy Nomination Form

Each Academy Fellow in good standing has the privilege of nominating one or more qualified Dentists **for Fellowship**. Please type or print clearly the names, addresses and phone numbers of your nominees. Return the completed form to the Central Office for further processing using the address or fax as indicated below. Thank you for your support of *your* Academy.

Name of Nominee: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

Name of Nominee: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

Name of Nominee: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_  
Address of Sponsor: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

Send completed form to: **Pierre Fauchard Academy  
Central Office  
P.O. Box 3718  
Mesquite, NV 89024-3718**

Email: [centraloffice@fauchard.org](mailto:centraloffice@fauchard.org)  
Phone: 702-345-2950  
Fax: 702-345-5031



An International Honor  
Dental Organization

[www.fauchard.org](http://www.fauchard.org)