



EXCELLENCE IN DEFENSE SCIENTIFIC & TECHNICAL INTELLIGENCE AWARD

2024 TEAM NOMINATION FORM

PLEASE PROVIDE YOUR INFORMATION

Title

First Name M.I. Last Name

Branch of Service/Organization

Command *no acronyms (if applicable)*

Email Phone

TEAM INFORMATION

PLEASE NOTE: TEAMS ARE LIMITED TO A MAXIMUM OF 10 MEMBERS

Team Name

Branch of Service/Organization

Command *no acronyms (if applicable)*

Team Description **(500 words or less)**

The team must have made a specific, demonstrable contribution to the advancement of scientific and technical intelligence in one or more of the following categories: (please check all that apply)

☐ Foundational Military Intelligence

☐ Intelligence Analysis

☐ Intelligence Innovation

☐ Other, please explain

Describe how the team has contributed to the advancement of scientific and technical intelligence within at least **one** of the categories above. **(1000 words or less)**

TEAM MEMBERS INFORMATION

Team Member 1

Title

First Name M.I. Last Name

Branch of Service/Organization

Command *no acronyms (if applicable)*

Team Member 2

Title

First Name M.I. Last Name

Branch of Service/Organization

Command *no acronyms (if applicable)*

Team Member 3

Title

First Name M.I. Last Name

Branch of Service/Organization

Command *no acronyms (if applicable)*

Team Member 4

Title

First Name M.I. Last Name

Branch of Service/Organization

Command *no acronyms (if applicable)*

Team Member 5

Title

First Name M.I. Last Name

Branch of Service/Organization

Command *no acronyms (if applicable)*

Team Member 6

Title

First Name M.I. Last Name

Branch of Service/Organization

Command *no acronyms (if applicable)*

Team Member 7

Title

First Name M.I. Last Name

Branch of Service/Organization

Command *no acronyms (if applicable)*

Team Member 8

Title

First Name M.I. Last Name

Branch of Service/Organization

Command *no acronyms (if applicable)*

Team Member 9

Title

First Name M.I. Last Name

Branch of Service/Organization

Command *no acronyms (if applicable)*

Team Member 10

Title

First Name M.I. Last Name

Branch of Service/Organization

Command *no acronyms (if applicable)*

Email the completed nomination form to Kisha Watson at
kwatson@afcea.org by January 19, 2024.