# LAUREATE NOMINATION FORM (2018)

If you have any questions about this form please call our office: 519-488-2003.

<table>
<thead>
<tr>
<th>Nominee's name</th>
<th>Nominee's contact info</th>
<th>Next-of-kin's contact info (for posthumous only)</th>
<th>Who is nominating this person?</th>
<th>Nomination by organization</th>
<th>Nomination by two individuals</th>
</tr>
</thead>
</table>

### NOMINEE

<table>
<thead>
<tr>
<th>Title</th>
<th>First</th>
<th>Last</th>
<th>Suffix</th>
</tr>
</thead>
</table>

Is the nominee a Canadian citizen?
- [ ] YES
- [ ] NO

Is the nominee a medical doctor?
- [ ] YES
- [ ] NO

Does the nominee have a PhD?
- [ ] YES
- [ ] NO

Is this a posthumous nomination?
- [ ] YES
- [ ] NO
LAUREATE NOMINATION FORM (2018)

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Nominee's name

Nominee's contact info

Next-of-kin's contact info (for posthumous only)

Who is nominating this person?

Nomination by organization

Nomination by two individuals

<p>| | | | | | | |</p>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>...</td>
</tr>
</tbody>
</table>

Nominee's preferred mailing:

Home address

Nominee's business name and address:

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Nominee's preferred phone number:

Business

### - ### - ####

###

###

####
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<th>1</th>
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</tbody>
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This is a POSTHUMOUS nomination. Please provide the name of next-of-kin:

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</table>

Please indicate the relationship of this person to the nominee:


Next-of-kin's preferred mailing:

Home address:

Street Address:

Address Line 2:

City: State / Province / Region

Postal / Zip Code: Country

Next-of-kin's preferred phone number:

Business:

### ### ####
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This nomination is being made by:

- An organization
- Two individuals
LAUREATE NOMINATION FORM (2018)

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<tr>
<th>2</th>
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<td>Nomination by two individuals</td>
<td>Categories, citation and support material</td>
</tr>
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</table>

Name of organization:

Name and job title of primary contact:

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Email:

Phone:

### - ### - ####
LAUREATE NOMINATION FORM (2018)

If you have any questions about this form please call our office: 519-488-2003.

Nominator 1:

Title  First  Last  Suffix

Nominator 1's preferred mailing:

Home address

Street Address

Address Line 2

City  State / Province / Region

Postal / Zip Code  Country

Email address for nominator 1:

Nominator 1's preferred phone:

Business

### - ### - ####

Nominator 2:

Title  First  Last  Suffix

Nominator 2's preferred mailing:

Home address
Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Email address for nominator 2:

Nominator 2's preferred phone number:

Business

###  ###  ####
LAUREATE NOMINATION FORM (2018)

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For which category is the nomination being made? Check all that apply: *

- Leadership in building excellence in health for Canadians and the world
- Leadership in health promotion, illness prevention and care
- Leadership in research with national and international recognition for a scientific contribution

CITATION: In 250 words or less, please state the significant contribution for which you are nominating this individual. *

Maximum Allowed: 250 words. Currently Used: 0 words.

Your name: *

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Your email address: *

NOMINATION LETTER #1 *

Browse... No file selected.

CURRICULUM VITAE *

Browse... No file selected.

If a CV is not available, please attach a letter explaining why

SUPPORT LETTER #1 *

Browse... No file selected.

SUPPORT LETTER #2 (if applicable)

Browse... No file selected.

ONE PAGE BIOGRAPHY *

Browse... No file selected.

SUPPORT LETTER #2 (if applicable)

Browse... No file selected.

ADDITIONAL SUPPORT MATERIAL (if applicable)
An additional file of no more than six pages may be added. Pages over the specified maximum will be deleted upon receipt. Please do not include support letters here as they will not be reviewed.