

2018 WOMAN LEADER IN TRANSPLANTATION AWARD

Nomination Form

Nominee Information

Full Name: _____

Job Title and Institution: _____

Address: _____

City: _____ Postal Code/ZIP: _____

Phone (daytime): _____ Phone (evening): _____

Cell Phone: _____ Email: _____

I certify the information in this nomination submission is true and correct in its entirety and hereby allow my name to stand for nomination. I understand that my name, photograph and contact information may be given to the media.

Signature: _____ Date: _____
(Nominee)

Nominator Information

Full Name: _____

Job Title and Institution: _____

Address: _____

City: _____ Postal Code/ZIP: _____

Phone (daytime): _____ Phone (evening): _____

Cell Phone: _____ Email: _____

DEADLINE FOR NOMINATION IS: JANUARY 31, 2018

For more information please contact:

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