

Jonas Salk Award Official Nomination

Nominee Information

The candidate I am nominating is: (Please complete in full, including area codes)

The candidate I am nominating is (please complete in full, including area codes):

Title:	First Name:	Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Work Address:		City:	Province:
Work Phone:	Fax:	E-mail:	
Assistant's Name:	Phone:	Fax:	E-mail:

Summary of Nominee's Work

Please describe briefly the nominee's contribution to the prevention, treatment, or cure of a physically disabling condition (*attach one additional page, maximum, if required*):

Nominator's - I am nominating the above candidate for the Jonas Salk Award.

Title:	First Name:	Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Work Address:		City:	Province:
Work Phone:	Fax:	E-mail:	
Assistant's Name:	Phone:	Fax:	E-mail:
Signature of Nominator:			Date:

Supporting Materials

Mandatory: Nominee's current CV Copies of pertinent publications 3 letters of reference

Optional: Press Clippings Photos Other

Please return this form with supporting materials to:
 March of Dimes Canada
 Jonas Salk Award – Attn: Research Department
 10 Overlea Boulevard
 Toronto, ON M4H 1A4