INNOVATION PLACE – INDUSTRY LIAISON OFFICE
AWARD OF INNOVATION
NOMINATION FORM

(PLEASE TYPE OR PRINT CLEARLY)

Nominee: ☐ **Dr.** ☐ **Mr.** ☐ **Ms.** ☐ **Mrs.**

Name: _____
Surname First Name Initial

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ _____
Business Residence

Nominee's Signature

I, the above named nominee, hereby certify that I have read and agree to be bound by the rules of the award.

Signature: _____

Date: _____

NOTE: If there is more than one nominee, please photocopy this form for each person.

Nominated By:

Name: _____

Signature: _____

Date: _____