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: ____________________________