

# Nomination Form

## for CPAC Professional Achievement Awards

Fields marked with an asterisk (\*) are mandatory.

### Information of Nominee

\* First Name: \_\_\_\_\_ \* Last Name: \_\_\_\_\_  
\* Address: \_\_\_\_\_  
\* Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
\* E-mail: \_\_\_\_\_  
\* Company: \_\_\_\_\_  
\* Title/Current Position: \_\_\_\_\_  
CPAC Membership Number: \_\_\_\_\_

\* Professional training and background in home country:

\_\_\_\_\_

\* Current Profession in Canada:

\_\_\_\_\_

Other information:

\_\_\_\_\_

### Information of Nominator

\* First Name: \_\_\_\_\_ \* Last Name: \_\_\_\_\_  
\* Address: \_\_\_\_\_  
\* Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
\* E-mail: \_\_\_\_\_  
\* Company: \_\_\_\_\_  
\* Title/Current Position: \_\_\_\_\_  
CPAC Membership Number: \_\_\_\_\_

\* Reason(s) to nominate the nominee:

\_\_\_\_\_

\_\_\_\_\_

I certify that all of the above information provided is true.

\_\_\_\_\_  
Signature of Nominator

\_\_\_\_\_  
Date

Please complete all the information and fax it back to CPAC office at 416-298-0068, Attention: CPAC Awards Nomination, by September 30<sup>th</sup>, 2011.