



2009 PIERRE ALLARD AWARD

NOMINATION FORM

DUE DATE: AUGUST 31ST, 2009

NOMINEE

Name of Individual:

Complete Mailing Address:

Phone:

Fax:

Email:

Language Preference:

NOMINATED BY:

Name:

Title and Organization:

Complete Mailing Address:

Phone:

Fax:

Email:

*****Please note that the nominated individual must agree to the nomination.*****

As the formal nominator, I assert that the nominee has given his consent for his name to be put forward for this 2009 Pierre Allard Award.

Signature of Nominator: _____

Date: _____