

**CAG EVELYN SHAPIRO MENTORING AWARD
NOMINATION FORM**

INFORMATION ON CANDIDATE	
Name:	Division(s):
Address:	
Telephone: ()	
Fax: ()	
E-mail:	
Candidate's Consent:	

(I agree to be nominated)	

INFORMATION ON NOMINATOR	
Name:	Division(s):
Address:	
Telephone: ()	
Fax: ()	
E-mail:	

LETTERS OF SUPPORT (2)	
LETTER 1:	LETTER 2:
Name:	Name:
Address:	Address:
Telephone: ()	Telephone: ()
Fax: ()	Fax: ()
E-mail:	E-mail:

NOMINATOR'S CHECKLIST (Please ensure you have included the following):		
<input type="checkbox"/> Nomination Form	<input type="checkbox"/> Letters of Support (2)	<input type="checkbox"/> Candidate's Resum�e

Candidate's Name:

REASON FOR NOMINATION

(Please explain why you think this candidate is worthy of this award)

Nominator's Signature:

Canadian Association on Gerontology
222 College St. Suite 106
Toronto, ON M5T 3J1

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