



## 2019 CDSBC AWARDS – NOMINATION FORM

Name of person being nominated: \_\_\_\_\_

Dentist    Dental Therapist    CDA    Member of public

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of nominator: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Your College registration/certification # (if applicable): \_\_\_\_\_

Please explain the nominee's contributions to CDSBC:

Personal information collected on this form is directly related to the CDSBC Awards Program.

Return this form, completed in full, to Jocelyn Chee by email to [events@cdsbc.org](mailto:events@cdsbc.org) by 28 September 2018. You may also include a brief biography or resumé, and any additional letters of support.

Incomplete forms will not be considered.

College of Dental Surgeons of British Columbia

Suite 500 – 1765 West 8th Ave. Vancouver, B.C. V6J 5C6

Tel: 604 736-3621 or 800 663-9169

### ELIGIBILITY

- Nominees must have contributed to CDSBC.
- CDSBC employees and current members of CDSBC's Board and Nominations Committee are not eligible.

For awards criteria and full eligibility requirements, visit [www.cdsbc.org/nominations](http://www.cdsbc.org/nominations)