



2017 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 by 30 September 2016. You may also include a brief biography or resumé, and any additional letters of support.

Incomplete forms will not be considered.

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