



## 2020 NOMINATION FORM

The call for nominations for the next John H. Chapman Award of Excellence is open from December 6, 2019, to February 26, 2020.

### A. Instructions

To submit a nomination, please send the following documents by email or electronic file transfer to [asc.prixjhc-jhcaward.csa@canada.ca](mailto:asc.prixjhc-jhcaward.csa@canada.ca) by February 26, 2020. You may also send your nomination by mail.<sup>1</sup>

#### Required documents:

- Completed nomination form
- Biography of candidate and collaborators (500 words)
- Description of achievement(s) (500 words)
- Three letters in support of the nomination
- Two recent digital photographs of the candidate (images must be high-resolution and copyright free)
- Three to ten digital images illustrating the achievements for which the candidate is nominated (images must be high-resolution and copyright free)

<sup>1</sup> John H. Chapman Award of Excellence  
Attn.: Linda Jean  
6767 Route de l'Aéroport  
Saint-Hubert, Quebec  
J3Y 8Y9

## B. About the sponsoring organization or individual

Name **(required)**:

Title **(required)**:

Organization **(required)**:

Address **(required)**:

City **(required)**:

Province **(required)**:

Postal code (J3Y8Y9) **(required)**:

Telephone (999-999-9999) **(required)**:

Fax (999-999-9999):

Cellular (999-999-9999):

Email address **(required)**:

## C. About the candidate

Name **(required)**:

Title **(required)**:

Organization **(required)**:

Address **(required)**:

City **(required)**:

Province **(required)**:

Postal code (J3Y8Y9) **(required)**:

Telephone (999-999-9999) **(required)**:

Fax (999-999-9999):

Cellular (999-999-9999):

Email address **(required)**:

## D. About the collaborator(s) – if necessary

It may be that the candidate has collaborated with individuals whose efforts also deserve recognition. If so, please list those individuals.

### Collaborator 1

Name **(required)**:

Title **(required)**:

Organization **(required)**:

Address **(required)**:

City **(required)**:

Province **(required)**:

Postal code (J3Y8Y9) **(required)**:

Telephone (999-999-9999) **(required)**:

Fax (999-999-9999):

Cellular (999-999-9999):

Email address **(required)**:

### Collaborator 2

Name **(required)**:

Title **(required)**:

Organization **(required)**:

Address **(required)**:

City **(required)**:

Province **(required)**:

Postal code (J3Y8Y9) **(required)**:

Telephone (999-999-9999) **(required)**:

Fax (999-999-9999):

Cellular (999-999-9999):

Email address **(required)**: