



**THE CST DR. JOEL D. COOPER AWARD 2017**

**NOMINATION FORM**

**(Deadline is May 30, 2017)**

**CRITERIA:** *To recognize a lung transplant professional who has made an outstanding contribution to the field of lung transplantation in Canada either through innovation, outstanding clinical care, or scientific achievement.*

**Name of Nominee**

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**Affiliation**

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**Address**

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**Telephone**

**Fax**

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**Email**

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Has this nominee been a previous recipient of this award?

Yes

No

Is the Letter of Support attached?

Yes

No

*(Letter of Support should include reasons for nomination, accomplishments and impact of the nominee.)*

**Nominated By**

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**Affiliation**

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**Address**

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**Telephone**

**Fax**

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**Email**

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**PLEASE FORWARD THE COMPLETE NOMINATION PACKAGE TO:**

Canadian Society of Transplantation  
114 Cheyenne Way, Ottawa, ON K2J 0E9  
Tel: 877.968.9449

E-mail: [admin@cst-transplant.ca](mailto:admin@cst-transplant.ca) Website: [www.cst-transplant.ca](http://www.cst-transplant.ca)

Please address any questions regarding the nomination process or any feedback on this form to the CST Office at the above address.