

THE CST DR. JOEL D. COOPER AWARD 2017 NOMINATION FORM

(Deadline is <u>April 30, 2017</u>)

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.

| ame of Nomine | e | | |
|---|---|-------------------------|--------------------|
| Affiliatio |)n | | |
| Addre | SS | | |
| Telephor | ne Fax | | |
| Ema | ail | | |
| Has this 1 | nominee been a previous recipient of this award? | Yes | No |
| Is the Let | | Yes | N |
| (Letter of | tter of Support attached? | | No he nominee.) |
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