

The BCHPCA Award of Excellence 2018

NOMINATION FORM

Please complete this form, obtain the nominee's signature representing consent

Attach an electronic photo and submit to:

BC Hospice Palliative Care Association

Suite 1100-1200 West 73rd Avenue

Vancouver, BC, V6P 6G5

Fax: 604-267-7026

Email: office@bchpca.org

Nominee Information: (the nominee is **not** required to be an active Individual Member, Designated Representative or an Honorary Member of BCHPCA)

Name: _____

Address: _____

City/Town/Postal Code: _____

Telephone Number: Home: _____ Work: _____

E-mail: _____

Signature: _____

Nominator information: (at least one of the following three must be an Active Individual Member in good standing, or the Designated Representative of an Active Member in good standing, or an Honorary Member of BCHPCA at time of nomination)

Name: _____

Address: _____

City/Town/Postal Code: _____

Telephone Number: Home: _____ Work: _____

E-mail: _____

Signature: _____

BCHPCA member: Yes No

This nomination is supported by the following two (2) additional individuals

Name: _____

Address: _____

City/Town/Postal Code: _____

Telephone Number: Home: _____ Work: _____

E-mail: _____

Signature: _____

BCHPCA member: Yes No

Name: _____

Address: _____

City/Town/Postal Code: _____

Telephone Number: Home: _____ Work: _____

E-mail: _____

Signature: _____

BCHPCA member: Yes No

Submission deadline April 6, 2018

Please note that submissions become the property of BCHPCA and will not be returned.