**The BCHPCA Award of Excellence**

**2019**

**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 12, 2019**

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