

CCPA AWARDS NOMINATION APPLICATION FORM

Award category: _____	
Title of submission: _____	
Applicant or nominee: _____ (Indicate the primary writer if more than one author)	
Address: _____	
Telephone work: _____	home: _____ Present position: _____
Canadian citizen or landed immigrant: ___ yes ___ no E-Mail: _____	
_____ Date	_____ Signature

NOMINATORS (when required by nomination procedure)	
Name: _____ Telephone: _____	
_____ Date	_____ Signature
E-Mail: _____	
Name: _____ Telephone: _____	
_____ Date	_____ Signature
E-Mail: _____	

List of enclosures/submissions
a) _____
b) _____
c) _____

Mail completed form and enclosures before December 15 to:

CCPA awards
114-223 Colonnade Rd. S
Ottawa (Ontario) K2E 7K3
Fax: 613-237-9786
E-Mail: info@ccpa-accp.ca