



Women in Transplantation

2026 WOMAN LEADER IN TRANSPLANTATION AWARDS

APPLICATION COVER SHEET

Nominee Details

Full Name: _____
Job Title and Institution: _____
Address: _____
City: _____ Postal Code/ZIP: _____
Email: _____

WIT Membership Confirmed (mandatory)

TTS Membership

Nominator Details

Full Name: _____
Job Title and Institution: _____
Address: _____
City: _____ Postal Code/ZIP: _____
Email: _____

WIT Membership Confirmed (mandatory)

TTS Membership (mandatory)

Describe your involvement with WIT and with TTS to date:

Checklist

Nominators must ensure all parts of the nomination package are included:

Completed Cover Sheet
Completed nomination form
Statement of nomination

2 letters of support
Recent headshot photograph of nominee
Nominee's resume

Headshot and resume are for office use only and will not form part of what is reviewed for each Award.

IMPORTANT: Please compile all parts of the nomination package into **ONE SINGLE PDF**. Incomplete packages and packages that are not submitted as a single PDF will be declared ineligible and will not be reviewed.

Please send this to us before May 1, 2026. Many thanks from Women in Transplantation!