



# Women in Transplantation

## 2024 WOMAN LEADER IN TRANSPLANTATION AWARDS

### NOMINATION FORM

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#### Nominee Information

Full Name: \_\_\_\_\_

Job Title and Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code/ZIP: \_\_\_\_\_

Phone (daytime): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I certify the information in this nomination submission is true and correct in its entirety and hereby allow my name to stand for nomination. I understand that my name, photograph and contact information may be given to the media.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Nominee)

#### Nominator Information

Full Name: \_\_\_\_\_

Job Title and Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code/ZIP: \_\_\_\_\_

Phone (daytime): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**DEADLINE FOR NOMINATION IS: APRIL 26, 2024**

For more information please contact:

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Women in Transplantation  
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**The Transplantation Society**