



DIABETES CANADA/CANADIAN INSTITUTES OF HEALTH RESEARCH-INSTITUTE OF
NUTRITION METABOLISM AND DIABETES

YOUNG SCIENTIST AWARD

2021 NOMINATION FORM

Nominee

Name:		
Position:		
Address:		
City:	Province:	Postal Code:
Phone:	Business:	Fax:
Email:		
Year of Birth:	Professional Membership #:	

Nominator

Name:		
Position:		
Address:		
City:	Province:	Postal Code:
Phone:	Business:	Fax:
Email:	Professional Membership #:	

Secunder

Name:		
Position:		
Address:		
City:	Province:	Postal Code:
Phone:	Business:	Fax:
Email:	Professional Membership #:	

The nominator is responsible for coordinating the nomination and for providing the following information:

- curriculum vitae of the nominee;
- up to (but not exceeding) ten of the nominee's most significant publications;
- two letters (one each from the nominator and seconder) indicating the reasons for submitting this nomination.

Please submit the completed nomination electronically (PDF) by **May 28, 2021** to [**research@diabetes.ca**](mailto:research@diabetes.ca).