





**Nominee** – The candidate I am nominating is: (Please complete in full, including area codes)

Title	First name	Last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Work Address		City	Prov	Postal Code
Work 	Fax	E-mail		
Assistant		Fax	Email	

**Summary of Nominee's Work**

Please describe briefly, nominee's contribution to the prevention, treatment or cure of a physically disabling condition. (attach one additional page, maximum, if needed)

**Nominator** - I am nominating the above candidate for the 2007 Jonas Salk Award.

Title	First name	Last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Work Address		City	Prov	Postal Code
Work 	Fax	E-mail		
Assistant		Fax	Email	

<b>Nominator Signature</b>	Date
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**Supporting Materials** – Include the following with this form:

<input type="checkbox"/> Nominee's current CV	<input type="checkbox"/> Copies of pertinent publications	<input type="checkbox"/> 3 letters of reference
<i>Optional</i>	<input type="checkbox"/> Press Clippings	<input type="checkbox"/> Photos <input type="checkbox"/> Other

Please return this form with all supporting materials to  
 Ontario March of Dimes  
 Jonas Salk Award - Attn: Research Department  
 10 Overlea Blvd., Toronto, ON M4H 1A4