



CSCI/CIHR RESIDENT RESEARCH PRIZE 2010

NOMINATION FORM

Nominee selected by the University of _____

Nominee's Name: _____ Email: _____

Nominee's address where correspondence is to be sent (*let us know of any subsequent change of address*)

Social Insurance Number: _____ Date: _____
(for one time use only)

1. Title of Research Project: _____

2. The resident's research was conducted in _____
(name of postgraduate training program)

3. Have you received another award/recognition for this project? _____

4. Briefly describe your role in the project _____

5. Please attach a one page abstract (or manuscript, if available) describing your research.

6. Signatures: _____
Resident/Nominee Supervisor

7. _____
Supervisor Print Name and Address:

Supervisor Email: _____ Tel: _____

PLEASE EMAIL TO THE CSCI OFFICE BY MONDAY, JULY 5, 2010

774 Echo Drive Ottawa, Ontario K1S 5N8
Tel: (613) 730-6240 Fax: (613) 730-1116
csci@rcpsc.edu www.csci-scrs.org www.cimonline.ca