

## SOGC NOMINATION FORM – Regional Achievement Award

**The SOGC Regional Achievement Award recognizes the excellence of members who volunteer at the local, regional or provincial levels for women’s health.**

I, fellow SOGC member, hereby nominate: \_\_\_\_\_ as candidate for the

Central                  Atlantic                  Western                  Ontario                  Québec

**Nomination proposed by (Please write legibly or type):**

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Member ID number: \_\_\_\_\_

**Candidate Information**

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Member ID number: \_\_\_\_\_

I, undersigned, declare being a member in rule empowered of nominating the above individual as candidate to the Regional Achievement Award.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Month/Day/Year

**Please provide, on a separate page or in a covering letter, a brief narrative (no more than 250 words detailing how the nominee meets the established criteria for the specific award. The summary, whether written or typed, must accompany this form.**

**Nominee eligibility:**

All membership categories of the SOGC;

- Made significant achievements and contributions to the advancement of women’s health in their community or province through education, practice or community involvement;
- Active member of the community;
- Contributions reflect the goals and objectives of the SOGC;
- Advocate for the SOGC.

Please return this duly completed form, including the summary, **no later than February 1<sup>st</sup>** to the following address:  
 The Society of the Obstetricians and Gynaecology of Canada, 780 Echo Drive, Ottawa ON K1S 5R7;  
 Tel.: 1 800 561-2416 or (613) 730-4192; Fax: (613)730-4314; E-mail: [scadrin@sogc.com](mailto:scadrin@sogc.com).  
 For more information on SOGC Awards, visit [www.sogc.org](http://www.sogc.org)