Member of Distinction
Nomination Form

Candidates Information:

Name of Candidate: _____

Institution: _____

Position Held: _____

Number of years as a member of CALAS/ACSAL:_____

Number of years in the laboratory animal science field: _____

Candidate is a CALAS/ACSAL member in good standing: ☐

Contact Information of Nominator:

Name: _____

Phone: _____

E-mail: _____

Nominator is a CALAS/ACSAL member in good standing: ☐

Please complete the above information and enclose the following information:

1. Nomination Form
2. Two (2) Recommendation Letters

Please Send Completed Forms to:

Awards Chair c/o: CALAS National Office
PO Box 20507 - 2901 Sheppard Avenue East Toronto, ON M1T 3V5
Fax: 416-979-1819 E-mail : awards@calas-acsal.org