



ILDS Awards – Nomination Form

CERTIFICATE OF APPRECIATION 2010

Please return this form by Friday, 30th April, 2010

Name of Society:

E-mail Address:

Society Contact:

Name:

Address:

Email Address:

Nomination approved by Society Board? Yes / No (*please circle*)

Proposed Nominee:

Title:

Age/Date of Birth:

Full Name:

Contact Address:

Email Address:

Significant contributions to international dermatology:

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Please also supply a short CV for the nominee and attach to this form.