

Nomination form

5. Attach **signed** copies of statements from the technology user(s) and program or project end-user(s) describing the contribution of the technology and program or project in improving health delivery

6. Program/project leaders and members	Position or title	Address (Institution)	Contact information (phone number)
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Additional sheets may be used if necessary.

Nomination form

7. Nominator	Position or title	Address (Institution)	Contact information (phone number)

This is to certify that the information presented above is true and correct to the best of my knowledge

Nominator's Name and Signature

Institution

SUBSCRIBED AND SWORN before me this _____ day of _____, 20__ at _____, affiant having exhibited to me his/her Residence Certificate No. _____ issued at _____ on _____

Notary Public

Doc. No. _____
Page No. _____
Book No. _____
Series of 20 _____

PTR NO. _____
Until _____
TIN _____

Nomination form

AGREEMENT OF NOMINEE:

I hereby agree:

1. To abide by the rules and regulations of the Board of Judges;
2. To give additional information as may be requested;
3. To be available should the Board of Judges' deliberations require my presence;
4. To receive the Award in person, if selected.

Nominee's Name

Signature

Mail Nomination to:

The Regional Consortium Secretariat
(Please refer to the attached paper for the list of addresses)

