

Medal Nomination Form

(to be received 6 months before the ETOPIIM Meeting)

President: Professor Ross McPhedran,
The University of Sydney, Australia

NOMINATOR DETAILS PLEASE PRINT CLEARLY

Surname: _____

Given Name/s: _____ Title: _____

Institution: _____

Postal Address of Institution: _____

Country: _____ Post Code: _____

Telephone: _____ Fax: _____

E-mail: _____

I am a current and financial Member of the ETOPIIM International Association

Signature: Date:

NOMINEE DETAILS

My nomination for the ETOPIIM Medal to be awarded in _____ follows:
(Year of meeting)

Name:
(please include Academic title)

University/Institute/Organisation:

eMail address: Phone:

Research Area/Topic:

.....

Number of pages in submission:

My Nominee is a current and financial Member of the ETOPIIM International Association YES / UNSURE
(please circle)

Return of form: Fax: +(61) 2 9524 1744
Tel.: +(61) 2 9524 1799
eMail: etopim@etopim.org

Postal Address: ETOPIIM Secretariat
PO Box 717,
Caringbah,
Sydney NSW 1495
Australia

Medal Nomination Form

(continued)

NOMINATOR Surname: _____

NOMINEE Surname: _____