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**ICEM MICHEL POLOUJADOFF SPECIAL RECOGNITION Award NOMINATION FORM**

**(Handwritten copy is not permitted)**

1. NAME OF CANDIDATE Last (Family) First

2. NAME OF NOMINATOR

Last (Family) First

Position Organization

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Mailing Address

City Zip/Postal Code Country

Telephone 1 # Telephone 2#

E-mail

3. Describe your relationship to the nominee and how you, PERSONALLY, became aware of the importance of his/her

services for ICEM community **(no more than 100 words)**:

4. On the basis of your personal knowledge of the work of the candidate, please indicate whether or not, in your judgment, the candidate meets the requirements for the **ICEM Special Recognition Award**. What distinguishes his/her contributions from the norm? Explain from your perspective in which way the candidate has demonstrated his/her service excellence for ICEM **(no more than 700 words)**:

1. Provide a brief listing of your own credentials. **(no more than 100 words)** :

NB: This document has to be filled in Calibri 10pt before being translated in pdf (the only accepted format)