



**A Canadian Celebration of Excellence in Health Research
Knowledge Translation Award
2007 Nomination Form**

1. Nominee(s) information

- a. Name of individual(s) or organization:
- b. Affiliation:
- c. Address:
- d. Telephone number:
- e. E-mail:

2. Nominator information

- a. Name:
- b. Affiliation:
- c. Address:
- d. Telephone number:
- e. E-mail:

Select appropriate category for each of the following (see Award posting for [eligibility criteria](#) in each category):

Nomination for KT Award:

National/International Local/Regional Betty Havens

Nomination based on: KT research or KT activities or both

List the KT partners/decision makers/users: _____

List relevant CIHR Institute whose research mandate is most closely related to nomination: _____

Provide Funding Reference Numbers (FRN) for all related CIHR grants and awards:
