



**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:
