

Avril Gunter Leadership in Advocacy Award Nomination Form

Section1: Nominee:

Mr. / Mrs. / Ms. / Miss (Please circle)	
Other title:	
Mailing address	Other telephone no. ()
Postal code	Fax no. ()
Telephone no. during the day ()	E-mail address

Section2: Nominator

My name is Mr. / Mrs. / Ms. / Miss	
Other title:	
Mailing address	Telephone no. during the day ()
Postal Code	Fax no. ()
	E-mail address
Signature	Date

Section 3: Nomination

Please provide an up-to-date biographical sketch of the nominee, including dates of active participation in organizations and any awards/honours received. Please clearly identify how this candidate meets the award criteria.

Section 4: Supporting Documentation and Submission Information

Please provide letters of support or the names of three people who can support this nomination. Send the completed nomination form with supporting material to:

Avril Gunter Leadership in Advocacy Award
c/o MS Society, Ottawa Chapter
1826 Woodward Drive
Ottawa, ON K2C 0P7
Fax: 613-728-0342
leanne.anderson@mssociety.ca

**All nominations must be received or post-marked
no later than Friday, January 13, 2012**



Avril Gunter Leadership in Advocacy Award Release of Information Form

To be completed by the nominee

Privacy Statement

The MS Society collects the personal information requested on the award nomination forms for the purpose of recognizing the achievements and contributions of individuals and groups toward our mission. By completing the Release of Information Form you hereby consent to the collection, use and disclosure by the MS Society of your personal information and/or image in accordance with the MS Society Privacy Policy. Disclosure of personal information and/or images may include, but is not limited to, committees, members, and the general public via public presentation, print materials, media releases and our website. If you have any questions about your personal information, please contact our privacy officer, Laurel Mackenzie at 613-728-1583. A copy of our privacy policy may be obtained at any MS Society office by calling 1-800-268-7582 or at www.mssociety.ca.

I, _____ hereby give my permission to the Multiple Sclerosis Society of Canada to release pertinent Personal Information and/or my image for the purpose of this nomination.

Dated at _____, in the Province of Ontario this _____
day of _____.

Signature

