



ONE WORLD AWARD NOMINATION FORM

Is the Candidate: **Self Nominated** **Nominated by a Second Person**

Nominee Information	
Name:	
Title:	
Employer:	
Street Address:	
City:	
State/Province:	
Country:	
Postal Code:	
Telephone Number:	
Email Address:	
Nominator Information (If someone other than the nominee is completing this form, please complete this section)	
Name of person nominating:	
Street Address:	
City:	
State/Province:	
County:	
Postal Code:	
Telephone Number:	
Email Address:	
Nominee Achievements	
Summary of candidate's achievements in the fields of transfusion or transplant medicine (500 words or less).	



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References (If someone other than the nominee is completing this form, only one of referee is required.)

Reference 1

Name:	
Address:	

Reference 2

Name:	
Address:	

Please submit the following items:

- Resume of nominee
- Copies of relevant publications
- Statement of referee 1
- Statement of referee 2

You may submit digital versions via email with this form, or send via postal mail to:

ICCBBA
One World Award
PO Box 11309
San Bernardino, CA 92423
USA