

STOP TB PARTNERSHIP KOCHON PRIZE

2010 NOMINATION FORM



Nominator Information

Name of Individual/Organization/Institution

Responsible Person:

Address

Telephone

Fax

Email

Web Address

Are you or do you represent one of the following? *(Please circle your selection)*

1. A National Health Administration (government body) of a WHO Member state
2. Stop TB Partner
3. Former Stop TB Partnership Kochon Prize Recipient

Nominee Information

Name of the person(s), organization(s) or institution(s) being nominated*

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Address

Telephone

Fax

Email

Web Address

Field of Achievement

.....

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Attachments *(Please circle your selection)*

- Are you attaching a letter of nomination? **YES / NO**
- Are you attaching Curriculum Vitae? **YES / NO**
- Are you attaching other supporting documentation? **YES / NO**
(Please specify below)

.....

SIGNED.....

Date.....

**Please note that you cannot nominate yourself.*