

**STOP TB PARTNERSHIP KOCHON PRIZE**

**2011 NOMINATION FORM**



**Nominator Information**

**Name of Individual/Organization/Institution**

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**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)*

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**SIGNED**.....

**Date**.....

*\*Please note that you cannot nominate yourself.*