

**Lakehead University
2015 Innovation Awards Nomination Form**

NOTE: If there is more than one nominee, please complete the nominee information below for each individual being nominated and indicate which of the nominees will act as the primary contact.

Once the entire form has been filled in, print and have all nominees and nominators sign and date. Please fax completed form to Economic Development and Innovation Office 1-807-766-7178 or scan and email to kafettes@lakeheadu.ca. Scanned signatures are acceptable.

Nominations due by: Friday, February 20, 2015

We, the undersigned nominators, hereby nominate the Nominee for the:

- Lakehead University Innovation Award
- Lakehead University Student Innovation Award.

Nominee:

Salutation (Mr. Mrs. Ms. Dr.)	
Surname	
First Name and Initial	
Company Name	
Company Mailing Address (street, city, province, postal)	
Email Address	
Business Telephone Number	
Cell Phone Number	
Residence Mailing Address	
Residence Telephone Number	
Have you ever been nominated in the past for a Lakehead University Innovation Award or Lakehead University Student Innovation Award? (Yes/ No)	
If Yes, which year(s)	
How did you learn of the Lakehead University Innovation Awards?	
Are you a current or former employee of Lakehead University? If "former", please include the date you ceased to be an employee.	<input type="checkbox"/> current employee <input type="checkbox"/> former employee <i>(check one)</i> Employment ceased on _____

Are you a current or former student of Lakehead University (yes/no)? If "former", please include the date you ceased to be a student.	<input type="checkbox"/> current student <input type="checkbox"/> former student <i>(check one)</i> Date ceased being student _____
If you are a current or former student of Lakehead University, please indicate whether your level of study was graduate or undergraduate.	<input type="checkbox"/> graduate <input type="checkbox"/> undergraduate <i>(check one)</i>

Nominee's Signature

I, the above named nominee, hereby certify that I am a Canadian citizen, resident in Canada, and that I have read and I agree to be bound by the Rules of the Awards.

Signature: _____

Date: _____

Description of Invention or Research Collaboration (whichever is applicable):

If Invention, date of disclosure to the Lakehead University Economic Development and Innovation Office:

Nominator:

Salutation (Mr. Mrs. Ms. Dr.)	
Surname	
First Name and Initial	
Company Name	
Company Mailing Address (street, city, province, postal)	
Email Address	
Business Telephone Number	

Nominator -- Signature

I, the above-mentioned nominator, hereby certify that I have read and agree to be bound by the Rules of the Awards.

Signature: _____

Date: _____

**A copy of the Rules of Award may be found on the Lakehead University Economic Development and Innovation Office website at <http://innovations.lakeheadu.ca> and clicking on "Awards".