



**Dr. Morton Shulman Award  
Nomination Form 2012**

**Nominee Information**

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Name  
Full Mailing Address

Residence Telephone  
Business Telephone  
Fax  
Email

**Nominator Information**

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Name  
Full Mailing Address

Residence Telephone  
Business Telephone  
Fax  
Email

Affiliation/Relationship with Nominee

**Signatures**

Nominee \_\_\_\_\_ Nominator \_\_\_\_\_

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**Please provide the following information on separate 8.5 x 11 pages. Please do not bind the information as we need to copy it.**

1. Describe how the individual or organization being nominated has demonstrated the ability to make change that has made life better for Canadians with Parkinson's and their families. Please clearly articulate how this individual or organization has demonstrated the creativity, energy and tenacity of Dr. Morton Shulman.
2. Nominee's background, career and current work, including all volunteer work, education awards and any other notable achievements that will provide the selection committee with a clear picture of your nominee (a current C.V. would be acceptable).
3. Enclose three letters of support for the nomination. Each letter should include complete contact information for the person writing the letter, and detailed reasons for supporting the nomination.

**Please submit completed form with all supporting documentation to:**

Dr. Morton Shulman Award, Selection Committee  
Parkinson Society Canada  
4211 Yonge Street, Suite 316  
Toronto, ON M2P 2A9

For further information please contact:  
Barbara Snelgrove, Director, Education & Services  
Parkinson Society Canada  
416-227-3381 (1-800-565-3000 ext. 3381)  
E-mail [barbara.snelgrove@parkinson.ca](mailto:barbara.snelgrove@parkinson.ca)

Award description can be found on [www.parkinson.ca](http://www.parkinson.ca)  
**DEADLINE FOR SUBMISSION: MARCH 31<sup>st</sup>, 2012**