



CHAPTER NOMINATION FORM
AWARDS OF EXCELLENCE
Date Required: JANUARY 20TH, 2012

Name	City	Membership #	Membership Category
1. *			
*Reason for nomination:			
2. *			
*Reason for nomination:			
3. *			
*Reason for nomination:			
4. *			
*Reason for nomination:			
5. *			
*Reason for nomination:			

***The reason for the nomination is required and will appear on the certificate - maximum of 30 words.**

Please use this form to submit your nominations to:
The Manitoba College of Family Physicians
240 – 1695 Henderson Highway
Winnipeg, MB R2G 1P1
PH: 204.668.3667 FAX: 204.668.3663