



**Nomination Form**  
**Ontario Orthopaedic Association Distinguished Service Award 2019**

**Nominee's Name:** \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Nominator 1 Name (Must be current OOA member):**

\_\_\_\_\_

Nominator 1 Signature: \_\_\_\_\_

Nominator 1 Email: \_\_\_\_\_

**Nominator 2 Name (Must be current OOA member):**

\_\_\_\_\_

Nominator 2 Signature: \_\_\_\_\_

Nominator 2 Email: \_\_\_\_\_

This form must be submitted with up to two (maximum) letters of support.

**Deadline: September 30, 2019**

Please send the completed form to [ooa@secretariatcentral.com](mailto:ooa@secretariatcentral.com).

\_\_\_\_\_



**Describe how the nominee's contributions have made a positive and lasting effect on orthopaedic surgery in Ontario and how it has advanced the mission of the OOA. (Limit 1 page)**

A large empty rectangular box with a black border, intended for the nominee's response.