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| 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. | * **NOIC** |
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**Nominee:**

|  |  |
| --- | --- |
| Salutation (Mr. Mrs. Ms. Dr.) |  |
| Surname |  |
| First Name and Initial |  |
| Company Name |  |
| Company Mailing Address |  |
| (Street, City, Province, Postal Code) |  |
| Email Address |  |
| Business Telephone Number |  |
| Cell Phone Number |  |
| Residence Mailing Address |  |
| Residence Telephone Number |  |

# Award Category:

* **Innovative Company of the Year**. This award acknowledges a company's leadership through the innovation of its products or services, the sustained growth of its assets, and its dedication to community involvement. Innovation should be the energy fueling this emerging or expanding company.
* **Innovative Project of the Year**. This award acknowledges an organization whose project demonstrates leadership with the creative use of innovation. An ideal project would include benefits such as the advancement of the organization, improvement of client / customer services, and positive impact on the community or the region at large.
* **Innovation Hero of the Year**. This award recognizes an individual in Northwestern Ontario who takes an innovative approach to improve his / her organization, business, or community. This candidate may be a youth, student, business leader, community leader, teacher, professor, or professional.
* **Young Innovator of the Year**. This award encourages and recognizes young innovators in Northwestern Ontario who demonstrate an innovative approach to schooling, extracurricular activities, volunteer work, or has an innovative project or business. This candidate must be between 14 and 29 years of age.

Please describe why you believe this individual/business/organization should be nominated for this award. (500 words or less) **Nominees will be sent separate questions.**

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## Nominator 1:

|  |  |
| --- | --- |
| Salutation (Mr. Mrs. Ms. Dr.) |  |
| Surname |  |
| First Name and Initial |  |
| Company Name |  |
| Company Mailing Address |  |
| (Street, City, Province, Postal Code) |  |
| 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.

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| * **Signature** | * **Date** |

## Nominations are due at the end of the day of Thursday, April 16th, 2015

Once completed, **FAX nominations to 807-768-6683, or e-mail to info@nwoinnovation.ca**.

For more information, please call 807-768-6682 or visit: www.nwoinnovation.ca