Please send your completed nomination form to your regional office (see page 12).

## **Prix d'Excellence Nomination Form**

•		ority) – Contact Information st Name:	
Harbour Authority _			
<ul><li>Harbour Autl</li><li>Harbour Autl</li></ul>	y: hievement Prix d'Excellence nority Achievement Prix d'Exce nority Innovation Prix d'Exce g Achievement Award	xcellence	
City/Town	Province	Postal Code	
Telephone (day)	Fax	Email	
2. The Individual or	Harbour Authority nomina	ted - Contact Information	
First Name:	La:	Last Name:	
Harbour Authority _			
City/Town	Province	Postal Code	
Telephone (day)	Fax	Email	
3. The Nominee – Achievement Information  Describe the nominee's current involvement with their Harbour Authority and clearly indicate how the nominee has met each of the criteria listed for their category of nomination. Please use additional pages as required.			