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| iadr_logo.gif | Nomination  **IADR ANZ Division Investigator Award**  **in Preventive and Community Dentistry** |
| Australian and New Zealand Division |

**Applicant's Personal Details:**

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| --- | --- |
| **Family name:** |  |
| **Given names:** |  |
| **IADR membership number:** |  |
| **Organization:** |  |
| **Postal Address:** |  |
| **Email Address** |  |
| **Attachment checklist:** |  |
|  |  |
| **[ ] Paper** | a reprint of a research paper published within the last three years **or** the typewritten manuscript of a paper which has been accepted for publication |
| **[ ] Letter** | One page letter indicating:   * that the Award has not been won previously * when and where the research covered by the paper was carried out. * if the paper is under joint authorship that the applicant performed most of the research and is the principal author. This statement must be signed by the candidate and all co-authors. |
| **[ ] Curriculum Vitae** |  |
| **Submission:** |  |
| Please submit either an electronic copy (preferred) or a hard copy to the ANZ Division Secretary whose contact details are available at www.iadranz.org.au | |
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