



# APEGGA SUMMIT AWARDS<sup>®</sup> NOMINATION FOR PROJECT AWARD

I, the undersigned, hereby nominate \_\_\_\_\_  
for consideration by the Council of the Association of Professional Engineers, Geologists and  
Geophysicists of Alberta (APEGGA) for the **Project Achievement Award**.

My nomination, to the best of my knowledge, meets the criteria. The professional members  
involved are members in good standing with APEGGA and display good character and high  
ethical standards.

To the best of my knowledge, all supporting evidence attached to this nomination is correct.

<i>Name (print)</i> _____		<i>Designation</i> _____	
<i>Address</i> _____			
<i>Ph</i> _____	<i>Date</i> _____	<i>Signature</i> _____	

## PROFILE OF THE PROFESSIONAL MEMBER(S) INVOLVED

Name (in full) \_\_\_\_\_

Residence Address \_\_\_\_\_

\_\_\_\_\_ Residence Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Present Occupation/Responsibility/Title \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

University Degree(s) \_\_\_\_\_

Other Honours and Distinctions (APEGGA or otherwise) \_\_\_\_\_

\_\_\_\_\_

Paper/Meritorious Work \_\_\_\_\_

\_\_\_\_\_

**PROFILE OF THE PROFESSIONAL MEMBER(s) INVOLVED**

Name (in full) \_\_\_\_\_

Residence Address \_\_\_\_\_

\_\_\_\_\_ Residence Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Present Occupation/Responsibility/Title \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

University Degree(s) \_\_\_\_\_

Other Honours and Distinctions (APEGGA or otherwise) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Papers/Meritorious Work \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_ Residence Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Present Occupation/Responsibility/Title \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

University Degree(s) \_\_\_\_\_

Other Honours and Distinctions (APEGGA or otherwise) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Paper/Meritorious Work \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_





## NOMINATORS

The first signed nominator will be considered to be the contact person for the APEGGA Honours and Awards Committee and must sign the first sheet.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Ph \_\_\_\_\_ Residence Ph \_\_\_\_\_

## ADDITIONAL NOMINATORS IF APPLICABLE

Signature \_\_\_\_\_

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Ph \_\_\_\_\_ Residence Ph \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Ph \_\_\_\_\_ Residence Ph \_\_\_\_\_