



EOtec24
Building Better Futures

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EOtec2024 INNOVATION AWARD NOMINATION

NOMINEE INFORMATION (PERSON OR ORGANIZATION)

Name:		
Company:	Email:	Phone:
Address:		
City:	Province/Territory:	Postal Code:

NOMINATOR INFORMATION (YOU)

Name:		
Company:	Email:	Phone:
Address:		
City:	Province/Territory:	Postal Code:

INFORMATION ON WHY NOMINEE SHOULD BE RECOGNIZED WITH AN INNOVATION AWARD

CERTIFIED OPERATORS SUPPORTING NOMINATION (MANDATORY)

Name	Email	Phone

VERIFICATION SIGNATURE

I verify that the information provided on this application is true. Yes.

Signature of applicant:	Date:
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Submit on or before 15 August 2024 to eocp@eocp.ca