

## Nomination Form – Regional Recognition Award

Date of nomination : \_\_\_\_\_

Name of candidate : \_\_\_\_\_

### Contact info of the member submitting application

Address : \_\_\_\_\_ Residence phone # : \_\_\_\_\_

City : \_\_\_\_\_ Office phone # : \_\_\_\_\_

Postal code : \_\_\_\_\_ Fax # : \_\_\_\_\_

Email : \_\_\_\_\_

Name of member submitting application : \_\_\_\_\_

CSIA member number : \_\_\_\_\_

### Contact info of the Regional Recognition Award candidate

Address : \_\_\_\_\_ Residence phone # : \_\_\_\_\_

City : \_\_\_\_\_ Office phone # : \_\_\_\_\_

Postal code : \_\_\_\_\_ Fax # : \_\_\_\_\_

Email : \_\_\_\_\_

CSIA member number : \_\_\_\_\_

<b>Certifications</b>				
CSIA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Year of certification				
CSCF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Year of certification				
CASI	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Year of certification				

### Candidate's experience

Ski industry involvement :

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Affiliation with ski schools :

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Position :

Number of years :

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Ski industry involvement :

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Affiliation with ski schools :

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Position :

Number of years :

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**CSIA implication (course conductor, coordinator, national office)**

Position :

Number of years :

**CSIA implication (regional committee and/or national , Interski, steering committee)**

Position :

Number of years :



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**According to you, how did the candidate contribute to the betterment of skiing in Quebec?**

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**Why are you submitting this member's application?**

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