



PHARMACEUTICAL SOCIETY
of New Zealand Incorporated

Fellow of Pharmaceutical Society of New Zealand Inc.

Nomination Form

I, the undersigned, do hereby nominate: *(Please print clearly)*

Name:

Address:

as a nominee for the award of Fellow of the Pharmaceutical Society of New Zealand Incorporated.

Please refer to the Guidelines for the Designation of Fellows of the Pharmaceutical Society of New Zealand Incorporated.

Name of Nominator:

Address:

PSNZ Inc Membership No:

Signature: Date:

NB: Nominee to be nominated without contacting the individual concerned so that it may be duly considered by the Panel of Fellows.

To complete this nomination please attach to:

1. A CV for the nominee, including full details of their outstanding and significant contribution to the advancement of pharmacy in New Zealand, and
2. A minimum of two letters from Members of PSNZ Inc in support of the above nominee.

**Please send to the Panel of Fellows
C/- Chief Executive Officer, PSNZ Inc
PO Box 11- 640, Manners Street, Wellington 6142
Telephone 04 381 8350**

by 5.00pm Wed 11 August 2010