



2024 NOMINATION FORM

CANDIDATE

First name:

Last name:

Citizenship:

Country of residence for the last 5 years:

Title, position, ORCID iD:

Age:

Professional address:

Telephone number:

e-mail:

NOMINATED BY

Institution name:

Represented by

First name:

Last name:

Title:

Position:

Professional address:

Telephone number:

e-mail:

Date:

Signature:



Describe the major discovery and the reason you nominate the candidate for

Summarize the main scientific achievements and present research activities of the candidate (600 characters)

List 5 most representative publications of the candidate

Describe in lay language the discovery you nominate the candidate for and its impact on hearing research or hearing health (600 characters)

Additional documents required:

1. The curriculum vitæ of the candidate and their list of publications
2. One letter of support from the nominator