



BROERMANN
MEDICAL
INNOVATION
AWARD

Nomination Submission Form Broermann Medical Innovation Award

Nominee Information

Full Name of Nominee:

Title / Position:

Institution / Organization:

Department (if applicable):

Contact Information

Email:

Phone Number:

Mailing Address:

Nominator Information

Full Name of Nominator:

Title / Position:

Institution / Organization:

Contact Information

Email:

Phone Number:

Supporting Documents

Attach Required Documents:

- Nominee's CV / Resume (max. 2 pages)
- List of Key Publications (max.5) and / or Patents
- Max. 2 pages cover letter for the proposal (Summary of Nominee's Contributions / Statement of Impact)
- Proposals for reviewers

Nominator Signature:

Date:

Please submit this form along with all supporting documents by March 1st 2025 to contact@broermann-award.org