

# NOMINATION SUBMISSION FORM

## BROERMANN MEDICAL INNOVATION AWARD



BROERMANN  
MEDICAL  
INNOVATION  
AWARD

### NOMINEE INFORMATION

Full name of nominee: \_\_\_\_\_  
Title / Position: \_\_\_\_\_  
Institution / Organization: \_\_\_\_\_  
Department (if applicable): \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Mailing address: \_\_\_\_\_

### NOMINATOR INFORMATION

Full name of nominator: \_\_\_\_\_  
Title / Position: \_\_\_\_\_  
Institution / Organization: \_\_\_\_\_  
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 with all the supporting documents by March 1<sup>st</sup>, 2025 to [contact@broermann-award.org](mailto:contact@broermann-award.org).

By submitting this form, you confirm that you have read and understood our terms and conditions, including data protection and information processing. Full details are available on our homepage: [[Privacy statement](#) | [Broermann Medical Innovation Award](#)].