



Pfizer Consumer Healthcare Bowl of Hygeia

Terms of Reference

The PFIZER CONSUMER HEALTHCARE BOWL OF HYGEIA award is presented annually to a pharmacist in each province in Canada and each of the United States to recognize outstanding service to the community.

1. The nominee must have made an outstanding contribution to the community.
2. The nominee must be a member of the Pharmacists' Association of Saskatchewan and a member in good standing of the Saskatchewan College of Pharmacists.
3. The selection will be made by members of the PAS Awards Selection Committee.
4. If possible, the PFIZER CONSUMER HEALTHCARE BOWL OF HYGEIA will be presented during the PAS Annual Conference.
5. The successful recipient will receive, in the year the award is presented:
 - an engraved plaque or equivalent
 - complimentary conference registration
 - one night accommodation and travel expenses for the conference
 - 3 additional PAS Awards Banquet tickets
6. The Pfizer Consumer Healthcare Bowl of Hygeia Award does not necessarily have to be presented in any given year. If there are no qualified candidates nominated in a given year, the award will not be granted. Only one award may be granted in a given year.
7. Nominations received are only valid for award consideration in the current year.



Pfizer Consumer Healthcare Bowl of Hygeia 2012 Nomination Form

(Deadline for submissions is March 1, 2012)

Name of Nominee
(Please Print)

Mailing Address

City

Postal Code

Phone (Home)

(Business)

Email:

- How has the nominee demonstrated service to the community within the past 5 years? Please provide examples of volunteer and/or professional roles the nominee currently holds or has held within the past five years within the community?

** Please provide any supporting documentation, limited to the past five years, as evidence of the qualifications consistent with the criteria outlined in the Terms of Reference.*

Note: If you are submitting your nomination via email you may attach these documents in one of the following formats: .PDF, .DOC, .RTF

Name of Nominator (Please print)

Date

Signature

Phone

Email
