



bioMérieux ASM Identifying Resistance Award Self Nomination Form

Contact Information:

Last Name: _____

First Name: _____

Organisation Name: _____

Organisation Address: _____

Contact Number: _____

Mobile Number: _____

Email Address: _____

Required Attachments:

- Brief summary of the applicants contribution to the study of bacterial resistance of antimicrobials in a clinical setting;
- Name and Addresses (including email address) of two (2) referees (overpage);
- Current Curriculum Vitae including a list of publications.

Referees

I submit the names of two referees who have personal knowledge of my work and who have agreed to act in this capacity.

Referee 1

Name _____

Organisation _____

Address _____

State _____ Postcode _____

Country _____ Telephone _____

Email _____

Referee 1 Signature _____

Referee 2

Name _____

Organisation _____

Address _____

State _____ Postcode _____

Country _____ Telephone _____

Email _____

Referee 2 Signature _____

Please forward application to:

ASM National Office

Email: admin@theasm.com.au

Tel: 1300 656 423