



Partners in Health Research  
Partenaires dans la recherche en santé



Wyeth Pharmaceuticals & CIHR / Rx&D Research Program  
Fellowship Program 2007  
**SUPERVISOR / MENTOR NOMINATION FORM**

Name of Supervisor/Mentor:	
Title:	
Address:	
Telephone:	
Fax:	
e-mail:	
Other (specify):	

Circle applicable therapeutic area:

**Obstetrics/Gynaecology  
Neuroscience**

**Oncology  
Transplantation**

**Infectious Disease**

Please use this space to **briefly** describe the project that will be undertaken by the fellow. This description will be posted along with your name and above contact information on the CIHR website to aid you in recruiting potential Candidate fellows **should your site be selected by Wyeth.**

If you wish to have a link to your university or institute posted on the CIHR website, provide address(es):

http://

**Attach to this form the following documents:**

- 1) Current C.V. of the above nominated supervisor / mentor.
- 2) One page Bio of the nominated supervisor / mentor.
- 3) Summary of the research project to be undertaken by the fellow (2 pages maximum).

**Mail this completed form along with the above requested documents to:**

Michelle Davies  
Compliance & Partnership Programs Manager  
Wyeth Pharmaceuticals  
50 Minthorn Boulevard  
MARKHAM, Ontario L3T 7Y2

Supervisor/Mentor Nomination Form

**Deadline for Nomination  
submission:  
To arrive at Wyeth by  
August 1st, 2006**