## Queen's Counsel 2006 Nomination Form

Name in full			
	First	Middle	Last
ear of Call		County	
Address			
Town/City		Prov	Postal Code
Phone (home)		(work)	Fax
ominator _			
Name in full	First	Middle	Last
Address			
Town/City		Prov	Postal Code
Phone (home)		(work)	Fax
Relationship to no	minee		
S	Signature of Nominator		Date
econder			
Name in full	First	Middle	Last
Address			
Town/City		Prov	Postal Code
Phone (home)		(work)	Fax



Nominations should be sent by mail or faxed to:
Office of the Deputy Attorney General
PO Box 9290 STN PROV GOVT
11th Floor, 1001 Douglas Street
Victoria, B.C. V8W 9J7
Fax: 250 387-6224

or submission requirements, please call 250 356-0149 or e-mail AGDeputyQCAppt@gov.bc.ca

If you have any questions regarding

changes to the nomination process

**Or via e-mail to:** AGDeputyQCAppt@gov.bc.ca (The form must be scanned & attached to the e-mail.)