



Partners in Health Research
Partenaires dans la recherche en santé



Wyeth Pharmaceuticals & CIHR / Rx&D Research Program
Fellowship Program 2008
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

**Deadline for Nomination
submission:
To arrive at Wyeth by
August 1st, 2007**