



FORM 33A

**2020 Champions of Infection Prevention and Control
Candidate Acceptance Form**

Interactive pdf – complete all sections, save to file; email with nomination

Candidate Name: _____

IPAC Canada 2020 Membership Number: _____

Chapter Membership(s): _____

This is to confirm I am aware that I have been nominated for the IPAC Canada/3M Canada 2020 Champions of Infection Prevention and Control Award.

I am also aware that, if chosen for this award, I will accept the award at the National Education Conference (Date to be announced). I am also aware that I am expected to present a 15-minute oral presentation (12 minutes for presentation; 3 minutes for Q & A) on the project/initiative at the Breakfast of Champions session of the 2020 National Education Conference (Winnipeg, Tuesday, May 8, 2020). I also understand that this criteria may be amended depending on programming requirements.

Candidate Signature
(Insertion of the Candidate's full name is considered to be a signature.)

Date