**Nomination Form**

**Land for Life Award**

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| --- |
| **Nominator Details** |

|  |  |
| --- | --- |
| Organization / Institution |  |
| Title |  |
| Full Name |  |
| Postal Address  |  |
| Email  |  |
| Telephone  |  |
| Fax (optional) |  |

|  |
| --- |
| **Candidate(s) Details** |
| Candidate (1) |
| Organization / Institution |  |
| Full Name |  |
| Postal Address  |  |
| Email  |  |
| Telephone  |  |
| Candidate’s work Please describe the work within 200 words. |  |
| Rationale of nominator’s recommendation |  |
| Candidate (2) |
| Organization / Institution |  |
| Full Name |  |
| Postal Address  |  |
| Email  |  |
| Telephone  |  |
| Candidate’s work Please describe the work within 200 words. |  |
| Rationale of nominator’s recommendation |  |

Please return the completed form to jchoo@unccd.int.