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| **2019 Lupus Insight Prize Cover Page** | | |
| **Nominee**: First Name Last Name Degree | | |
| Citation for the Award (not to exceed 50 words): | | |
| Mailing Address: | | Position/Academic Rank: |
| Email Address: | | Phone Number: |
| Institution Name: | | |
| Institution Address: | | |
| **Nominator**: First Name Last Name Degree | | |
| Nominator Institution: | | |
| Nominator Institution Address: | Position/Academic Rank: | |
| **Nomination Materials**  The Nominator should submit the following nomination materials as a single pdf file: (1) 2019 Lupus Insight Prize Cover Page, (2) Letter of Nomination, (3) Candidate’s CV. | | |

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| **Supporters:** The supporters should be willing to endorse the nomination and should be willing to be contacted by the Prize Selection Committee regarding the nominee.  **Supporter 1:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name | Degree | Institution | Email address | Telephone Number | Professional Relationship to Nominee | |  |  |  |  |  |  | | **Supporter 2:** | | | | | | | Name | Degree | Institution | Email address | Telephone Number | Professional Relationship to Nominee | |  |  |  |  |  |  | | **Supporter 3:** | | | | | | | Name | Degree | Institution | Email address | Telephone Number | Professional Relationship to Nominee | |  |  |  |  |  |  | |
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| For more information, please refer to the Call for Nominations document available at lupusinsightprize.org. |
| If you have any further questions, please send an email to Cindy Liriano at [cliriano@lupusresearch.org](mailto:cliriano@lupusresearch.org). |
| By signing below, the Nominator confirms that all the information provided as part of this nomination is accurate to the best of her/his knowledge. In addition, the Nominator also confirms that he/she has the Nominee’s assurance that should he/she be selected to receive the Lupus Insight Prize in 2019, he/she will be able to attend the Prize Award Ceremony on June 19, 2019 in Boston.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nominator’s Signature Date |