

## Six Pack Award Application Form

Nominee Contact Details								
Title	First name(s)			Surnam	ne			
College/Employer								
Address								
Country			Postcod	е				
Telephone			Email					
-								
Contact Deta	ils of Lectu	rer/Employer si	upporti	ing no	minat	ion		
Contact Deta	ils of Lectur First name(s)	rer/Employer su	upporti	i <b>ng no</b> Surnam		ion		
	1	rer/Employer su	upporti			ion		
Title	1	rer/Employer su	upporti			ion		
Title College/Employer	1	rer/Employer su	Postcod	Surnam		ion		

## Section to be completed by Nominee

1. Horticultural background and work experience	



2. What excites you about your job, training	ng or course?
3. What would you gain from joining this	vear's IPPS conference?
S. What would you gain nom joining this	
4. Which of the following areas would you	I most be suited to helping with?
Conference Registration AV equipr	nent set up
Photography Blogging &	& Press Releases
	ce session write ups
	g (Please provide details of languages spoken)
Other	
5. If you would like to be considered for the	ne IPPS International Exchange Award, please
tell us how you feel it would help your	
Signed (Nominee)	
Signed (Norminee)	
Date	
Signed (Nominee)	
Date	



## Section to be completed by Nominator

Reasons for nomination
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Signed (Nominator)	
Date	

## Please email your completed form to admin@ippseurope.org