# 2019 Awards of Success

## Consent Form:

By signing this agreement, I, the Nominee:

* Verify that all the information contained in the CCDI’s Awards of Success Nomination Package is accurate and true, and that the personal information of any individual included in the form has been included with that individual’s knowledge and consent.
* Verify that, to the best of my knowledge, I meet the eligibility requirements of the CCDI’s Awards of Success.
* Agree that if I am short-listed as a nominee, I permit CCDI to announce my name publicly.

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|  | Click here to enter text. |
| Signature | Date |
| Click here to enter text. | Click here to enter text. |
| Name (as it should be published) | Title (as it should be published) |
| Click here to enter text. | |
| Organization (as it should be published) | |