**NOMINATION FORM FOR WHO WORLD NO TOBACCO DAY AWARD 2024**

**Theme: Protecting children from tobacco industry interference**

**This nomination form should be typed in Arabic, Chinese, English, French, Russian, or Spanish.**

**No handwritten form will be accepted.**

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| Complete name of the nominee |  |
| Title of the nominee, if a person |  |
| Gender of the nominee, if a person |  |
| Address of the nominee, including email or phone | Institution:………………………………………………………………………………………………………..  Street and number:…………………………………………………………………………………………….  Postal code:…………………………. Country:………………………………………………………….  Email:………………………………….. Phone:……………………………………………………………. |
|  |  |
| Complete name of the nominator |  |
| Title of the nominator, if a person |  |
| Address of the nominator, including email or phone | Institution:………………………………………………………………………………………………………..  Street and number:…………………………………………………………………………………………….  Postal code:…………………………. Country:………………………………………………………….  Email:………………………………….. Phone:……………………………………………………………. |
| Detailed description of the reasons for the nomination, including the dates of the actions (up to 200 words - maximum) | |