

Young Investigators' Symposium Eligibility Form

Name of applicant : _____

Title of paper : _____

Institution : _____

| SUPERVISOR | |
|-------------------|--|
| Name : | |
| Position : | |
| Phone number : | |
| e-mail : | |

I confirm that the above applicant is eligible for this year's YIS competition.

Signature of supervisor : _____

Date : _____

COMMENTS :

(Please add comments that could help the judges in their evaluation of the applicant.)

N.B.: Please fax completed form to CAP Office at (613) 562-5615 by March 8, 2004.