NOMINEE'S DETAILS

Please provide information on the person you are nominating

Nominee's title (Required)	
Nominee's first name (Required)	
Nominee's last name (Required)	
Nominee's phone number (#1)	
If you do not know the nominee's phone number	r, please leave this blank
Nominee's phone number (#2)	
If you do not know the nominee's phone number	r, please leave this blank
Nominee's email (Required)	
Institution of affiliation (if applicable)	
Position at institution (if applicable)	
Nominee's country of residence (Required)	
~	
Nominee's CV (file)	Nominee's CV (link)
Browse No file selected.	
Accepted file types: pdf, doc, docx, Max. file size: 8 MB.	If you have a link to the nominee's CV, please enter it here
If you have the nominee's CV as a file, please upload it	
Nominee's publications/relevant work (file)	Nominee's publications/relevant work (link)
Browse No file selected.	
Accepted file types: pdf, doc, docx, Max. file size: 8 MB.	If you have a link to the nominee's publications or relevant work please enter it here

If you have a list of the nominee's publications or relevant work as a file, and it is not already included in the CV, please upload the file here

ABOUT YOUR NOMINEE

Please answer the following questions

of 1300 max characters What is the significant impact of one of the nominee's major works (book/project/exhibit/film, field of history and on the broader understanding of the past? (Required) of 1300 max characters What is the nominee's potential career trajectory and future impact on the field and on broad understanding of the past? (Required)	/etc.) on th
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f 1300 max characters pertinent, you may also add up to 3 additional files to support your nomination	,
pertinent you may also add up to 5 additional mes to support your nonlinetton	
Drop files here or	
Select files	
ccepted file types: doc, docx, pdf, pages, Max. file size: 8 MB, Max. files: 3.	
ou can add multiple files	
pertinent, please add other information to support your nomination, such as links to other ro bout the nominee or information about specific challenges that may have affected their care ajectory.	

NOMINATOR'S DETAILS

Please provide information about yourself

Your title (Required)	
Your first name (Required)	
Your last name (Required)	
Your phone number (#1)	
Your phone number (#2)	
Your email (Required)	
Your occupation	
Your institution of affiliation (if applicable)	
Your position at institution (if applicable)	
Country of residence (Required)	
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