

NOMINATION FORM 2027

- **Prize, Category and Discipline for which the nomination is being submitted** *(required)*;

- **Surname and Name of candidate** *(required)*;

- **Title of candidate** *(required)*;

Prof./ Dr./ Other (specify) _____

- **Age of candidate** *(required for all Feltrinelli prizes and especially for Feltrinelli Giovani prizes which have an age limit)*;

Date of Birth: _____ *Day* / _____ *Month* / _____ *Year*

- **Email address of candidate** *(required)*;

- **Postal address of candidate** *(optional)*;

- **Telephone number of candidate** *(optional)*;

- **Curriculum vitae of candidate** *(required)*;

- **List of Works and/or Publications of candidate** *(required)*.

- **Short presentation and statement of the candidate's scientific achievements**
(possibly not less than 10-15 lines in order to facilitate evaluation by the Selection Committee);

NOMINATOR

Surname

Name

Institutional affiliation:

Address:

E-mail:

Telephone

Signature

Date