Ontario Museum Association

Awards of Excellence – Critical Reviewer Form 2024

Date:

Nominee Information

Name of nominated individual or institution:

Name of nominated project (if applcable):

Award Category

Please select the Award category that best fits the project:

Critical Reviewer Information

Name of critical reviewer:

Institution:

Daytime telephone:

Email:

Please provide a brief biography describing your qualifications, and outlining your professional knowledge and/or experience.

I, the Critical Reviewer, understand and agree to allow the provided nomination information to be used and edited by the Ontario Museum Association for promotional purposes without further approval.

Digital Signature:



50 RUE BALDWIN STREET | TORONTO ONTARIO | M5T 1L4 | CANADA TEL./TÉL.:416-348-8672 | TF/S.F.:1-866-OMA-8672 | FAX/TÉLÉC.:416-348-0438 EMAIL/COURRIEL:OMA@MUSEUMSONTARIO.CA | MUSEUMSONTARIO.CA OR/OU MUSÉESONTARIO.CA Please enter your Letter of Critical Review below. Submissions should be no longer than 500 words.

Please submit the completed form by email to pd@museumsontario.ca



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