Nominations for Elections in 2018

NOMINEE INFORMATION FORM

Nomination for the position of

Name

Affiliated Society

Current Position
   (in Affiliated Society)

Current Profession
   (in Academia, Hospital, etc.)

Photograph (please use the space provided below only)
I agree to have my name placed in nomination for the above position, and if elected, to serve for the three or six-year term specified.

Signature of Candidate: ____________________________________________________________

Address:

Phone:

Email: