



**IPAC-NL  
EXECUTIVE NOMINATION FORM**

I, the undersigned, wish to nominate:

**1. Name** \_\_\_\_\_

**2. Title** \_\_\_\_\_

**3. Institution** \_\_\_\_\_

**4. Email Address** \_\_\_\_\_

**5. Position of** \_\_\_\_\_

**1. Name** \_\_\_\_\_

**2. Title** \_\_\_\_\_

**3. Institution** \_\_\_\_\_

**4. Email Address** \_\_\_\_\_

**5. Position of** \_\_\_\_\_

**1. Name** \_\_\_\_\_

**2. Title** \_\_\_\_\_

**3. Institution** \_\_\_\_\_

**4. Email Address** \_\_\_\_\_

**5. Position of** \_\_\_\_\_

**Nominator Name:**

**Email Address:**

**Date:**

**CONSENT OF CANDIDATE:**

<b>Name</b>	<b>Date</b>	<b>Accept</b>	<b>Refuse</b>	<b>Position</b>

I acknowledge the above nomination and consent/refuse to allow my name to stand for this position.

Complete and email to the secretary IPAC-NL to ensure receipt by August 31 of the election year.