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_________________________________________________________
Nominator Name:

Email Address:

Date:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Accept</th>
<th>Refuse</th>
<th>Position</th>
</tr>
</thead>
</table>

CONSENT OF CANDIDATE:

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.