



**BOARD OF DIRECTORS  
NOMINATION FORM**

This nomination form must be signed by two full members of the Association who agree to propose a candidate, and must also be signed by the candidate to confirm their willingness to accept nomination. The proposer, seconder and candidate may sign separate forms for the same nomination, so that a single form does not have to be transmitted by e-mail between them, and return them to the Secretariat. Candidates are invited to enclose their curriculum vitae and a cover letter.

Duly completed nomination forms must be received by e-mail at the WAidid Secretariat office no later than **September 14<sup>th</sup>, 2018**

<b>CANDIDATE'S NAME:</b>	
ADDRESS:	
E-MAIL ADDRESS:	
TELEPHONE NUMBER:	
<i>I confirm my acceptance of nomination for election to the Board of Directors of the World Association for Infectious Diseases and Immunological Disorders and, if elected, confirm that I will undertake the duties thereof</i>	Signature of Candidate and date of signing
<b>PROPOSER'S NAME:</b>	
ADDRESS:	
E-MAIL ADDRESS:	
TELEPHONE NUMBER:	
<i>I hereby propose the above-named person as a candidate for election to the WAidid Board of Directors</i>	Signature of Proposer and date of signing
<b>SECONDER'S NAME:</b>	
ADDRESS:	
E-MAIL ADDRESS:	
TELEPHONE NUMBER:	
<i>I hereby propose the above-named person as a candidate for election to the WAidid Board of Directors</i>	Signature of Seconder and date of signing

*Only ordinary members of the Society are eligible for candidacy, or to propose or second a candidate; where separate nomination forms are used for a single candidate, the name of the candidate, proposer and seconder must be completed on all the forms.*

Please return to the WAidid Secretariat: [waidid.secretariat@aimgroup.eu](mailto:waidid.secretariat@aimgroup.eu)  
no later than **September 14<sup>th</sup>, 2018**