

APPLICATION FORM FOR ELECTION TO ADVISORY BOARD

IDENTIFICATION

Last name:

First name:

Title: Prof. Dr.

Ass. Prof.

Dr.

Institute:

Department:

Street:

Postal Code & City:

Country:

T: +

F: +

E-mail:

Date of Birth:

PRESENT APPOINTMENT

(Please complete with Position held, Hospital and/or University, five lines indicating your professional activities and appointments)

Signature: _____ Date: _____

NOMINATION FORM

Your nomination should be supported by four paid-up ESGE members.
Please complete the list underneath in order to allow the ESGE Central Office to contact your supporters by e-mail or fax.

All supporters and nominees must be registered members of the Society.
An assigned Advisory Board Member may not hold any board seat in other International acting medical societies during the term.

- Supporter 1
Last Name, First name: _____
Country: _____
E-Mail: _____

- Supporter 2
Last Name, First name: _____
Country: _____
E-Mail: _____

- Supporter 3
Last Name, First name: _____
Country: _____
E-Mail: _____

- Supporter 4
Last Name, First name: _____
Country: _____
E-Mail: _____

CANDIDATES CONSENT TO STAND FOR ELECTION

Undersigned _____ (Last Name, First Name), paid-up member of the European Society for Gynaecological Endoscopy, hereby consent to stand for election to the Advisory Board of the ESGE.

Signature: _____ Date: _____

→ In order to be included in the list of Candidates for election to the Advisory Board, this Nomination Form together with a Curriculum Vitae duly completed, must be returned to the Central Office of the Society **by February 6th 2017**