 NOMINATION FORM

Send the completed form to **Assoc. Prof. Ronald CLARKE:** **ronald.clarke@sydney.edu.au**

Nomination for the position of: .........................................................................

Candidate proposed: .........................................................................

I hereby agree to serve and promote IUPAB in its activities, and make myself aware of the statues and aims of IUPAB if elected:

Signature of candidate: ..........................................................................

Date: ..........................................................................

Name of Adhering Body: ..........................................................................

Name of Nominator: ..........................................................................

Position of the nominator: ..........................................................................

Signature of Nominator: ...........................................................................

Date: ...........................................................................

**BIOGRAPHICAL DETAILS OF CANDIDATE NOMINATED**

Current appointment: ......................................................................................

Postal address: ......................................................................................

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Email address: .......................................................................................

Date of Birth: .......................................................................................

University qualification: ………............................................................................

Professional positions (with dates over the past 10 years):

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Professional Memberships and/or Awards:

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Activities on behalf of IUPAB:

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Personal Statement with other relevant information:

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**Please do not supply any additional material or extend beyond two sides of A4**.