**Council Nomination Form 2024**

[ ]  First Nomination [ ]  Nomination for re-election

This nomination is for:

*(tick one box only)* *PLEASE USE* ***ONE FORM*** *PER NOMINATION*

[ ]  Speaker of the General Assembly[ ]  Councillor

**DOCUMENTATION REQUIRED**

**Written presentation from the Nominee in English** (Maximum 500 words for Council)
[ ]  Included

**Curriculum Vitae (CV) / personal record in English in a Word format**
[ ]  Included

### **NOMINEE’S INFORMATION**

|  |
| --- |
| Title:       |
| Name:        |
| Address:                |
| Member Association:       |
| The nominee declares that he/she is willing to serve in this position[ ]  Yes **Signature** |

### **NOMINATING ASSOCIATION/ORGANIZATION’S INFORMATION**

|  |
| --- |
| Name of the Association/Organization      |
| Name of Official representing this Association/Organisation (President/NLO/President-elect). The Nominee may not nominate himself/herself.      |
| Position of Official      |
| **Signature** |

To be eligible for election, nominees should meet the specific criteria for the positions listed below. Please tick the boxes below if the corresponding criteria are met.

### **Speaker of the General Assembly:**

[ ]  Dentist
[ ]  Knowledge of FDI
[ ]  Proven knowledge / experience in parliamentary procedures

### **Councillor:**

[ ]  Dentist
[ ]  Able to communicate effectively in English, verbally and in writing

### **CLOSING DATES FOR NOMINATIONS TO COUNCIL:** **16 June 2024**

This form must be signed and returned **preferably** **by email** to:

Ms Djerdana (Gina) Ivosevic at divosevic@fdiworlddental.org

with copy to Ms Maria Kramarenko mkramarenko@fdiworlddental.org

or **by fax** at +41 (0)22 560 8140