



Nomination Form

For IFEA Officers and Regent Directors:

I am a current dues paying member of my national endodontic society/association* which is a current dues paying member of IFEA, and I wish to nominate the following person(s) for the designated position(s) within IFEA for the 2 year period of office from _____ (year) to _____ (year).

The nominated person(s) has/have agreed to be nominated and is/are willing to serve the members of IFEA according to the By-Laws of the federation.

My nominations are (please print clearly; more than one nomination is acceptable):

President-elect: _____
Name Country E-mail Address

Secretary: _____

Treasurer: _____

Regent Directors of (you may only nominate a regent from your geographic area)

Africa: _____

Asia: _____

Europe: _____

North America: _____

South America: _____

Oceania: _____

Name of nominating person: _____
(Please print your name clearly)

* IFEA Member Association _____

Your Signature: _____ Date: _____
(DD/MM/YY)
