****

**INTERNATIONAL ASSOCIATION OF PAEDIATRIC DENTISTRY**

***“The global voice for children’s oral health”***

**SUPPORTING FORM | IAPD NOMINATIONS**

**By an IAPD National Member Society**

* To be completed by the supporting National Member Society.
* Please return this form to the nominee for submission to the IAPD Secretariat.

Date:

**Name of Nominee:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For the position of:**

**[ ]  President [ ]  President Elect [ ]  Representative for National Member Societies**

 **[ ]  Primary Nominating Society [ ]  Seconding Nominating Society**

**Name of the Nominating Society:**

**Name of Nominator:**

**Position in the Society:**

**Nominating Letter included:** **[ ]  yes** **[ ]  no**

**Signature:**