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**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:**