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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**

* This form is to be completed by the supporting National-Member Society.
* The nominee should upload the filled-out and signed form (in PDF format) when submitting the online application form.

**Date:**

**Name of Nominee:**

**For the position of:**

**[ ]  President-Elect [ ]  Editor [ ]  Secretary General**

 **[ ]  Representative for National-Member Societies**

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

**Name of the Nominating Society:**

**Name of Nominator:**

**Position in the Society:**

**I attest that the nominee has proficient English and communication skills to serve successfully in the position marked above:**

**[ ]  YES [ ]  NO**

**Signature:**