



## Nomination form new IALP Committee members

Committee	
Name	
Institute	
Address	
City and Zip-code	
Country	
e-mail address	
IALP member	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nominated by	<input type="checkbox"/> Self-nomination  <input type="checkbox"/> Other, namely:
Member of IALP Affiliated Society	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Information on the administrative experience:</u>	
<u>Educational background (accreditation, title/s):</u>	
<u>Employment setting:</u>	
<u>5-10 lines: summary of professional activities related to the committee specialty:</u>	