

NOMINATION FORM ISPAD OFFICERS ELECTION

Name:

Email:

Nationality:

Education:

Profession:

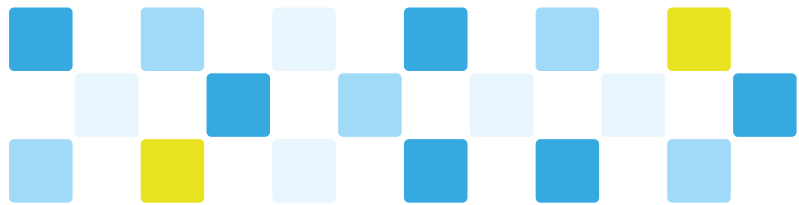
Country of Residence:

Present position:

Previous positions:

Previous ISPAD role(s):

Other relevant positions/memberships:



Main research interests:

ISPAD Advisory Council (2025-2028)

Physician

Aims if elected:

If elected to the Advisory Council, I would like to join one of the following Committees

(please indicate 1st and 2nd choice):

	1 st choice	2 nd choice		1 st choice	2 nd choice
Abstract Committee			Membership Committee		
Communications Committee			Prize & Nominations Committee		
Education Committee			Roving Reporters Committee		
E-learning Committee			The Science School Committee		
Fellowship Committee					