



international
stillbirth alliance

**2011 INTERNATIONAL STILLBIRTH ALLIANCE BOARD ELECTIONS
NOMINATION FORM**

DETAILS OF NOMINEE

Name
Place of employment
Position held
Address
Phone
Fax
Email

NOMINATING ORGANISATION

Name
Position of nominee within the nominating organization
.....

NOMINATION

Nominated by
Name (Please print)
Signature.....
Seconded by
Name (Please print)
Signature.....

BIOGRAPHY of NOMINEE

Please provide a brief summary of the nominee's background and experience and how this will be of benefit to the objectives of ISA.

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.....

ACCEPTANCE OF NOMINATION

I hereby accept the above nomination for election to the ISA Board.

.....

Signature

Date

Thank you for your nomination, please forward the completed form by email with a Curriculum Vitae of the nominee to: info@stillbirthalliance.org or fax to ATTN: Leanne Luong, ISA Secretariat, Mater Medical Research Institute, Australia: 61 7 3163 2550.