

NOMINATION FORM

FACULTY OF ORAL AND MAXILLOFACIAL PATHOLOGY COMMITTEE

I _____
(Name in BLOCK LETTERS)

of _____

nominate _____

for election to the Committee of the Faculty of Oral and Maxillofacial Pathology

Signature : _____ Date: _____

I _____
(Name in BLOCK LETTERS)

of _____

second the nomination of _____

for election to the Committee of the Faculty of Oral and Maxillofacial Pathology

Signature: _____ Date: _____

I _____
(Name in BLOCK LETTERS)

of _____

accept nomination for election to the Committee of the Faculty of Oral and Maxillofacial Pathology of the Royal College of Pathologists of Australasia.

Signature: _____ Date: _____

A nomination will consist of: 1) a completed nomination form 2) a brief one page curriculum vitae

Please send your confidential nomination form and attachments to the College:
The Royal College of Pathologists of Australasia
Durham Hall, 207 Albion Street, Surry Hills NSW 2010
Or via Fax: 61-2 8356 5828 Or via E-mail: rcpa@rcpa.edu.au