



Nomination Form for WABIP Vice-Chair

Please fill out this form electronically using a standard PDF reader, save file, and send to mmendoza@wabip.com no later than _____

The person you would like to nominate as a candidate for the next Vice-Chair of the WABIP:

Are you aware of any potential conflicts of interest that might prevent this nominee from serving as Vice-Chair of the WABIP? (Example conflicts of interest pertaining to the position include: pharmaceutical or device industry advisory board membership, medical journal editorial board membership, executive board or decision-making leader committee membership in other medical societies that are not members of the WABIP.)

NO YES

Please describe why the above person merits the candidacy for the next Vice-Chair of the WABIP:

Email Address of Nominee: _____

Your Name: _____

Your Email Address: _____

PROCESS: After sending us this completed nomination form, we will contact the nominee to ask whether or not he/she would like to accept the nomination. The nominee may accept by completing and sending us the **Application Form for WABIP Vice-chair** no later than _____. To review the application form, please download the document via this URL:

<http://www.wabip.com/downloads/vice-chair/application-form.pdf>