**Nomination of the Deputy to the National Delegate for the years 2023-2026**

* **to be filled in electronically**
* **to be submitted by email with scanned signatures to**

**Ms Launa Schoebinger-Hassve via** [**l.schoebinger-hassve@eanm.org**](mailto:l.schoebinger-hassve@eanm.org)

The National Society of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

hereby nominates the person below for the position of **Deputy** to the National Delegate

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date, Location Name and Signature of President of National Society

|  |  |
| --- | --- |
| Last Name, Title |  |
| First Name |  |
| Function in National Society |  |
| Institute |  |
| Department |  |
| Street and Street Nr. |  |
| ZIP Code and City |  |
| Country |  |
| Phone Number |  |
| Fax Number |  |
| Email address |  |
| 2nd Email address |  |

To be signed by nominee: I hereby confirm to have read the document: “2022\_EANM\_National\_Delegates\_ Deputies” and am committed to join in the dedicated implementation of a reinforced relationship between the EANM and my National Society:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date, Location Signature of Nominee