

World Federation of Associations of Paediatric Surgeons



WOFAPS NOMINATION FORM

Nomination Form for World Area Representatives on the WOFAPS Executive Board

Personal details of the person nominated

Name:

Member Association:

Email address:

Position held within the association:

World Area for which she/he is being nominated:

Has the nominee sat on the WOFAPS Executive Board in any capacity before?

Yes/No

If yes, when:

Previous and current involvement with the WOFAPS if any:

Proposer's Name:

Signature:

Association:

Date:

Please return this form to alp.numanoglu@uct.ac.za and secretary@wofaps.org