

NOMINATION FOR ELECTION TO THE IACLE REGIONAL PRESIDENT

A. Nomination for the position of Regional President, International Association of Contact Lens Educators (IACLE) Inc.

I, _____
(full name in block letters)

of, _____

Work Phone No: _____ Home Phone No: _____

Being a financial member of the International Association of Contact Lens Educators (IACLE) Inc.

Nominate: _____
(full name in block letters)

for the position of: President, _____ Region

Date: _____ Signature: _____

**B. Secunder of the nomination for the position of _____,
International Association of Contact Lens Educators (IACLE) Inc.**

I, _____
(full name in block letters)

of, _____

Work Phone No: _____ Home Phone No: _____

Being a financial member of the International Association of Contact Lens Educators (IACLE) Inc.

Second the nomination of _____
(full name in block letters)

for the position of: _____, International Association of Contact Lens Educators (IACLE) Inc.

Date: _____ Signature: _____

**C. Acceptance of nomination for the position of _____,
International Association of Contact Lens Educators (IACLE) Inc.**

I, _____
(full name in block letters)

of, _____

Work Phone No: _____ Home Phone No: _____

Being a financial member of the International Association of Contact Lens Educators (IACLE) Inc.

Accept the nomination for this position.

Date: _____ Signature: _____