

Election Nomination Form IACLE Board of Directors

Nomination

I, _____
(full name in block letters)

of, _____
(name of institution and country)

Phone No: _____ Email: _____

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

Nominate: _____
(full name in block letters)

Date: _____ Signature: _____

Secunder of nomination

I, _____
(full name in block letters)

of, _____
(name of institution and country)

Work Phone No: _____ Email: _____

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

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

Date: _____ Signature: _____

Acceptance of nomination

I, _____
(full name in block letters)

of, _____
(name of institution and country)

Work Phone No: _____ Email: _____

Being a member in good financial standing of the International Association of Contact Lens Educators (IACLE) Inc.,
accept the nomination.

Date: _____ Signature: _____

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