VICE PRESIDENT NOMINATION FORM

(Please complete in block capitals)

Nominee Name

|  |  |
| --- | --- |
| We, the undersigned, being full members of the European Society for Emergency Medicine, wish to nominate the following as VicePresident of EUSEM: | Click here to enter text. |

Proposer

|  |  |
| --- | --- |
| Name of Proposer: | Click here to enter text. |
| Signature: | Click here to enter text. |
| Date | Click here to enter a date. |

Seconder

|  |  |
| --- | --- |
| Name of Proposer: | Click here to enter text. |
| Signature: | Click here to enter text. |
| Date | Click here to enter a date. |

Nominee consent

|  |  |
| --- | --- |
| I, being a full member of the European Society for Emergency Medicine, hereby consent to stand for election as Vice President of the Society: | |
| Signature: | Click here to enter text. |
| Date: | Click here to enter a date. |

I attach a short statement outlining my relevant experience for the post (please tick):

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Please return as a scan by email no later than 31 May 2024 to:

Honorary Secretary

European Society for Emergency Medicine

E: davik@eusem.org