## NOMINATION FORM FOR THE ELECTION OF a youth group representative for the EUROPEAN PATIENTS’FORUM BOARD DURING THE ANNUAL GENERAL MEETING 25-26 April 2020

Role within the EPF Youth Group:

Member since:

Contact details:

Phone number:

Email:

The EPF Youth Group would like to nominate ………………………..……………. (full name) as a EPF Youth Group Representative on the Board of the European Patients’ Forum.

Attached you will find a brief profile of this nominee that also outlines his/hers motivation to join the EPF Board.

Signed:

*EPF Youth Group President*



Date: