## NOMINATION FORM FOR THE ELECTION OF EUROPEAN PATIENTS’FORUM Ethics Committee members DURING THE ANNUAL GENERAL MEETING 25-26 April 2020

Name of the Organisation:

Full Address:

Telephone Number:

Email:

……………………………................................... (Name of organisation), would like to nominate ………………………..……………. (full name) as a member of the EPF Ethics Committee of the European Patients’ Forum.

I attach a brief profile of this nominee that also outlines our motivation to join the EPF Ethics Commitee.

Signed:

Position:

Date: