



**IICMP**  
Irish Institute of Clinical  
Measurement Physiology

***Executive Committee***

***Nomination Form***

<b>Name of Nominee:</b>	
<b>Job Title/Position:</b>	
<b>Place of Work:</b>	
<b>Email Address:</b>	
<b>Phone Number:</b>	
<b>Position being nominate for:</b>	

<b>Nominated By:</b>	
<b>Job Title/Position:</b>	
<b>Place of Work:</b>	
<b>Email Address:</b>	
<b>Phone Number:</b>	

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return completed form to [info@iicmp.ie](mailto:info@iicmp.ie) no later than Friday, 2<sup>nd</sup> December 2022.