



**Epilepsy Society of Australia
24th Annual Scientific Meeting**

Annual General Meeting: Office Bearers 2010-11 Nomination Form

Title: _____ First Name: _____

Surname: _____

Nominated Position: _____

Proposer: _____

Secunder: _____

I, _____, hereby consent to the nomination.
(Nominee Name)

Nominee Signature: _____

Date: _____