

**NOMINATION & CONSENT FORM**  
**ELECTION OF EXECUTIVE COMMITTEE**

Deadline for receipt of completed nominations:  
**12 noon on Monday 25 February 2008**

Members may propose and/or second candidates for election to the Executive Committee by completing and signing this form and returning it (by fax if necessary) to:

Secretary

Canada Medical and Dental Development Association

3480 Lawrence Avenue East, Unit # XX Toronto Ontario M1H 1A9

Fax No: 416-439-0627

Proposers, seconders and candidates may complete and sign separate nomination forms if they wish. Signed letters proposing and/or seconding candidates for election to the Executive Committee are also valid.

**TO BE COMPLETED BY THE PROPOSER OF THE NOMINATION:**

The name of the candidate: \_\_\_\_\_

Nominated to the Position of: \_\_\_\_\_

I wish to propose the above member of Canada Medical and Dental Development Association for election for the above position in the Executive Committee.

Name of proposer: \_\_\_\_\_

Proposer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**TO BE COMPLETED BY THE SECONDER OF THE NOMINATION:**

The name of the candidate: \_\_\_\_\_

Nominated to the Position of: \_\_\_\_\_

I wish to propose the above member of Canada Medical and Dental Development Association for election for the above position in the Executive Committee.

Name of proposer: \_\_\_\_\_

Proposer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FORM OF CONSENT**

I Dr \_\_\_\_\_ confirm that I am willing to accept nomination for election as \_\_\_\_\_ of the Executive Committee of the Canada Medical and Dental Development Association to serve until the end of the next Annual General Meeting.

SIGNED: \_\_\_\_\_

Date: \_\_\_\_\_