

Nomination for the Council of the Malta Resuscitation Council



I, _____ would like to nominate myself for
the election of a member of the Malta Resuscitation Council.

My nomination is seconded by _____

PARTICULARS OF NOMINEE

Name & Surname _____ ID No. _____

Address: _____

Contact tel No: Home: _____ Work: _____ Mobile: _____

E-mail address: _____

Profession: _____ Speciality: _____

Please submit this form by not later than the 2nd May 2009 to Dr. Jonathan Joslin, Secretary, Malta Resuscitation Council at the Accident & Emergency Department, Mater Dei Hospital.

