

# 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 21<sup>st</sup> February to Vicky Bugeja Rausi (office next to Charles Busuttli) on ext. 1295 or mobile number 99825862.*