**IOC SUBCOMMISSION FOR THE CARIBBEAN AND ADJACENT REGIONS (SC-IOCARIBE)**

**Sixteenth Intergovernmental Session of the IOC Sub-Commission for the Caribbean and Adjacent Regions (SC-IOCARIBE-XVI)**

**Biennial Elections for Chairperson**

**Form A – Chairperson**

Name of Member State: ……………………………………………………………………...

Name of Nominee: ……………………………………………………………………………

I declare that I am prepared to stand for election to the post of Chairperson of the IOCARIBE Sub-Commission and, if elected, to take an active part in the work of it.

Signature of the Nominee: ………………………………………………….

 ***Seconder 1 Seconder 2***

Member State of the

IOCARIBE Sub-Commission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in capitals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date sent to the IOC Secretariat Date and time received by the IOC Secretariat

**IOC SUB-COMMISSION FOR THE CARIBBEAN AND ADJACENT REGIONS (SC-IOCARIBE)**

**Sixteenth Intergovernmental Session of the IOC Sub-Commission for the Caribbean and Adjacent Regions (SC-IOCARIBE-XVI)**

**Biennial Elections for Vice-Chairperson**

**Form B – Vice-Chairpersons**

Name of Member State: ……………………………………………………………………...

Name of Nominee: ……………………………………………………………………………

I declare that I am prepared to stand for election to the post of Vice-Chairperson of the IOCARIBE Sub-Commission and, if elected, to take an active part in the work of it.

Signature of the Nominee: ………………………………………………….

 ***Seconder 1 Seconder 2***

Member State of the

IOCARIBE Sub-Commission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in capitals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date sent to the IOCARIBE Secretariat

Date and time received by the IOCARIBE Secretariat

**IOC SUB-COMMISSION FOR THE CARIBBEAN AND ADJACENT REGIONS (SC-IOCARIBE)**

**Sixteenth Intergovernmental Session of the IOC Sub-Commission for the Caribbean and Adjacent Regions (SC-IOCARIBE-XVI)**

**Biennial Elections for Members of the IOCARIBE Board of Officers**

**Biennial Elections for Chairperson**

**Form C – CV of Nominee**

[**NAME**]

Date of birth:

Languages:

Address:

Phone number:

Fax number:

Email:

*CURRENT POSITION*

[Please insert text]

*EDUCATION*

[Please insert text]

*PREVIOUS PROFESSIONAL EXPERIENCE*

[Please insert text]