

**OFFICIAL NOMINATION FORM**

**FOR THE BOARD OF TRUSTEES – YEARS 2023-2024**

To : The Committee on Nominations

From : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, M.D.

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

I respectfully endorse the nomination of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, M.D., residing in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature over printed name*

*NOMINATOR*

**NOMINEE’S CONFORME**

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

**Carmencita B. Tongco, M.D.**

*Chair, Committee on Nominations*

Philippine Society for Fertility Preservation, Inc.

**Dear Dr. Tongco,**

I willingly accept the nomination for the Board of Trustees of the Philippine Society for Fertility Preservation, Inc. for years 2023-2024 and hereby commit my time, talent, and efforts for the attainment of our society’s mission and goals.

I intend to submit the completed candidate data sheet with photo on or before September 3, 2022.

Yours truly,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature over printed name*

*NOMINEE*

**PHILIPPINE SOCIETY FOR FERTILITY PRESERVATION**

***An Affiliate of the Philippine Society of Oncologists and the Philippine Obstetrical and Gynecological Society***

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***Contact #: + 63 9171727684***