

BOARD OF DIRECTORS NOMINATION FORM

**PLEASE COMPLETE AND SEND TO: ITT, PO BOX 217,
WARE, HERTS, SG12 8WY OR FAX TO: 0844 4995 654**



NOTE: Please complete in BLOCK CAPITALS. This should be received by ITT no later than **7 APRIL 2017**. Nominations received after this date and time will not be valid. This form must be completed in full and returned to the Institute of Travel & Tourism at the address above along with a copy or your CV/Biography.

I WISH TO NOMINATE

FOR THE FOLLOWING DISCIPLINE (PLEASE TICK ONE ONLY)

- | | | | |
|-----------|--------------------------|----------------------|--------------------------|
| 1 GENERAL | <input type="checkbox"/> | 5 DOMESTIC TOURISM | <input type="checkbox"/> |
| 2 GENERAL | <input type="checkbox"/> | 6 SEA TRANSPORTATION | <input type="checkbox"/> |
| 3 GENERAL | <input type="checkbox"/> | 7 TRAVEL AGENT | <input type="checkbox"/> |
| 4 GENERAL | <input type="checkbox"/> | | |

PLEASE NOTE:

- YOU MAY NOT PROPOSE OR SECOND A PROPOSAL FOR YOURSELF
- DIRECTORS ARE EXPECTED TO ATTEND 6 BOARD MEETINGS A YEAR
- A PROPOSER OR SECONDER MUST BE A VOTING MEMBER OF ITT
- DIRECTORS ARE EXPECTED TO BE ACTIVELY INVOLVED IN ITT EVENTS AND OTHER ACTIVITIES THAT ARE APPLICABLE THROUGHOUT THE YEAR
- RETIRED MEMBERS ARE NOT ELIGIBLE TO STAND AS DIRECTORS

PROPOSER'S NAME

SIGNED

MEMBERSHIP NO

DATE

2017

I WISH TO SECOND THE ABOVE NOMINATION

SECONDER'S NAME

SIGNED

MEMBERSHIP NO

DATE

2017

I CONFIRM THAT I AM PREPARED TO ACCEPT THE ABOVE NOMINATION

(YOU MUST SIGN THIS FORM FOR IT TO BE VALID)

NAME

SIGNED

MEMBERSHIP NO

DATE

2017

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THIS FORM MUST BE COMPLETED IN FULL AND RETURNED TO THE INSTITUTE OF TRAVEL & TOURISM AT THE ADDRESS ABOVE ALONG WITH A COPY OR YOUR CV/BIOGRAPHY, ELECTION ADDRESS AND PHOTO (ONE PAGE OF A4).