

NOMINATION FORM FOR 2022-2024 ANZCA NEW ZEALAND NATIONAL COMMITTEE

We wish to nominate:		
(Print name)	(College ID Number)	
	New Zealand College of Anaesthetialand National Committee of the Col	
Nominators		
(Print name)	(Signature)	(College ID Number)
(Print name)	(Signature)	(College ID Number)
I consent to act, if elected	:	
(Print name)	(Signature)	(Date)