

NOMINATION FORM

WORLD PHYSIOTHERAPY REGIONAL BOARD MEMBER 2025-2029

Name of candidate: _____

Candidate's member organisation: _____

World Physiotherapy regional board member for the following region:

- Europe region
- North America Caribbean region
- South America region

Nominated by:

Name:..... _____

Signature:..... _____

On behalf of (member organisation): _____

Position in member organisation:..... _____

Date:..... _____

Please ensure that the nominee has consented to the nomination.