IBSA logo 2

# Nomination Form – International VI Education Programme

28-30 March 2015, Athens, Greece

Nominating NPC/IBSA Member:

Contact Person: Email:

**Candidate:**

Name: First Name:

Gender: Male / Female Age:

Address:

Telephone: Country of Residence:

Email:

Documents attached to this nomination form:

* Medical Certificate
* Curriculum Vitae/Resume

**Invoicing Instructions for participant fee:**

Name: Email:

Address:

Telephone:

Please return nomination forms no later than **6th February, 2015**:

To: Aspa Vouza

By email: **medical@ibsasport.org**

By fax: +302106124389

By post: P. Tsalari 5

15126 Marousi Athens,

Greece