



IRISH ASSOCIATION OF CARDIAC REHABILITATION

**IACR**

***Nomination Form for IACR Council 2010-2011***

**I** \_\_\_\_\_

**Current Member IACR**  **YES**      **Current Member IACR**  **No**

**Hereby nominate** \_\_\_\_\_ **Discipline** \_\_\_\_\_

**Of** \_\_\_\_\_

**For the position of council member of IACR for the period 2010-2011**

**Nomination seconded by** \_\_\_\_\_

**Of** \_\_\_\_\_

**Current Member IACR Yes**       **Current Member IACR No**

**Note**

- I. Only current members of IACR may nominate, second or be nominated for office**
- II. Please ensure that the person nominated has agreed to go forward for office**

**All nominations to be returned on /before 2<sup>nd</sup> October to  
Ms Anne Raleigh, Cardiac Rehab Co-ordinator Midlands Regional Hospital  
Tullamore, Co Offaly**