

Nominator Form



Please check the adjacent box to confirm you are a member of the IASE for at least one year. ☐

Nominee: _____ **Date:** _____

Nominator's full name: _____

Nominator's full mailing address (including country and postal/zip code):

Nominator's telephone number (including country code): _____

Nominator's e-mail address: _____

Nominator's statement: Please attach a statement (1 page maximum) explaining why your nominee would be an exemplary National Chair. Describe how he or she contributes to special education and how she or he will be able to fulfill the role of a National Chair (as referred to on the National Chair Information page) representing her/his own nation.

Nominator's affiliation (if any) to a group, agency, institution, etc.:

Organization name: _____

Organization telephone: _____

Organization website address: _____