International Society
ISCT
Cell & Gene Therapy®

2027 ISCT NOMINATIONS FORM

Submit your CV and this application by email to: ***nominations@isctglobal.org*** no later than 5pm PST on February 1, 2027

Candidate Name:

Designations (BSc, MSc, PhD, MD, MBA, etc.):

Institution/Company:

Job Title:

Telephone Number:

Email Address:

Country of Residence:

CURRENT ISCT INDIVIDUAL MEMBERSHIP REQUIRED TO RUN FOR AN ELECTED POSITION

Is this a self-nomination or were you nominated by another individual?

(●) Self Nominated ( ) Nominated by Another Individual: _____
Nominator First Name, Last Name

I am applying to be nominated for the following position(s):

BOARD OF DIRECTORS

☐ Elected Member MD (2027-2029)

☐ Elected Member, Technologist (2027-2029)

REGIONAL COMMITTEES

ASIA

☐ Regional Vice-President Elect, ASIA (2027-2029)

EUROPE

☐ Regional Vice-President Elect, EUROPE (2027-2029)

SOUTH & CENTRAL AMERICA

☐ Regional Vice-President Elect, SCA (2027-2029)

Summarize your academic and professional background in less than 250 words:

Please list your current affiliated professional and commercial associations, how you are affiliated, and perceived or potential conflicts of interests that may arise in undertaking a future role as an officer and/or director of ISCT. Please include any current or past **roles with fiduciary**/governance **responsibility that you hold with other professional societies or associations.** Please include experience, if any, on the Board of a non-profit or for-profit organization.

List your top notable contributions to the field (e.g. publications, patents, reports, PI role for clinical trials, products advanced to clinical trial or regulatory approval, asset development, mergers, acquisitions, etc.) from the last 10 years:

Summarize your involvement with ISCT in the past five years, in less than 250 words. Please include examples such as committee involvement, conference attendance/speaker participation, etc.:

What are your strategic visions for the Global Society, and in particular your regional area (if applicable). If elected, how would you contribute during your term?:

Please list two references below. References must be members of ISCT.

☐ **I endorse ISCT's position on the unethical use of unproven cell therapy in medical tourism, and patient safety as outlined in the:**

- ISCT White Paper entitled ***"Cell therapy medical tourism: Time for action"*** (published in the Society's official journal Cytotherapy. Cytotherapy, 2010; 12: 965–968); and
- ***Patient Advisory for Stem Cell Therapy and Medical Tourism***; and
- ISCT Committee on the Ethics of Cell and Gene Therapy ***Reference Guide***.

☐ **I understand and agree that, in order to confirm the accuracy of my application, ISCT may (i) request that I provide further information or documentation, (ii) contact persons or entities identified in this Nominations Form, and (iii) conduct additional screening checks as permitted by applicable law.**

Comments:

I hereby state that all information contained in this application is true and correct.

Signature: _____ **Date:** _____

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