

## 2019 ISCT NOMINATIONS FORM

Submit by email to: [nominations@celltherapysociety.org](mailto:nominations@celltherapysociety.org) no later than 5pm PST on January 11, 2019

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

Are you a current ISCT Individual Member:    Yes    No

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

Self Nominated

Nominated by Another Individual:

Nominator First Name, Last Name

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

#### BOARD OF DIRECTORS

Global Secretary (2019-2022)

Elected Member, MD (2019-2021) *(includes MBBS, MBChB, or equivalent Medical Degree)*

Elected Member, Technologist (2019-2021)

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#### REGIONAL COMMITTEES

##### ASIA

Regional Vice President-Elect, Asia (2019-2021)

##### EUROPE

Regional Vice President-Elect, Europe (2019-2021)

##### SOUTH & CENTRAL AMERICA

Regional Vice President-Elect, South & Central America (2019-2021)

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**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 roles with fiduciary responsibility that you hold with other professional societies or associations.**

**List your top 3 publications in the last 5 years as well as your top 3 publications over the course of your career:**

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*, 2010; 12: 965–968); and
- *Patient Advisory for Stem Cell Therapy and Medical Tourism*; and
- ISCT Presidential Task Force on the Use of Unproven Cellular Therapies *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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