



ELECTIONS 2021 (District 1 – “Central District”)

Nomination Form

CANDIDATE CONSENT

I, the undersigned, consent to my nomination as a candidate for election to the Council of the College of Dental Technologists of Ontario (the “College”) and affirm that all information contained in this nomination form is, to the best of my knowledge, complete and accurate. By signing this form, I authorize the College to conduct a verification of the information provided in this nomination.

Registration #			
First & middle name			
Last name			
Email			
Home Information			
Address			
City		Province	
Postal Code		Telephone	
Business Information			
Address			
City		Province	
Postal Code		Telephone	

Candidate’s Signature

Date

NOMINATION

I, the undersigned Member in good standing with the College, nominate _____ as a candidate for election to the College’s Council.
(Candidate’s Name - Print)

Nominator’s Surname			
Nominator’s First name			
Registration #			

Nominator’s Signature

Date

Article 10.10 College’s By-Laws – Signed Nominations

The nomination shall be signed by the nominator. When the nomination is made by a Member other than the nominee, the nominee shall also sign the nomination as a signal of his or her consent to the nomination. A Member may only sign one nomination form.

NOMINATIONS DEADLINE: Friday October 8, 2021, no later than 11:59 pm EST

Submit by email to Registrar@cdto.ca or by fax to 416-438-5004