



## BY-ELECTION 2023 (District 2– “Western District”)

### Nomination Form

#### CANDIDATE CONSENT

I, the undersigned, consent to my nomination as a candidate for election to the Board 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 Board.  
(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 Registrant other than the nominee, the nominee shall also sign the nomination as a signal of his or her consent to the nomination. A Registrant may only sign one nomination form.

**NOMINATIONS DEADLINE: Monday November 27, 2023, no later than 11:59 pm EDT**

Submit by email to [Registrar@cdto.ca](mailto:Registrar@cdto.ca)