



## ELECTIONS 2022 (District 3 – “Eastern 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			
<b>Home Information</b>			
Address			
City		Province	
Postal Code		Telephone	
<b>Business Information</b>			
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 6, 2022, no later than 11:59 pm EDT**

Submit by email to [Registrar@cdto.ca](mailto:Registrar@cdto.ca) or by fax to 416-438-5004