



Asociación Latinoamericana de Optometría y Óptica

CANDIDATE NOMINATIONS

Criteria for nominating candidates in ALDOO elections

- Practitioners must be members nominated by the ALDOO Colleges and Associations.
- ALDOO Members must attach a curriculum vitae of each candidate, signed by the candidate.
- This application form must be submitted 3 months in advance before the General Assembly elected authorities and once the Secretary-Treasurer made the official list of members qualified to do so, according to current status. Nominations will be open for a month.
- A written consent signed by the candidate must also be submitted.
- This form must be signed in original by the Board of Directors of the ALDOO member Association.
- The lists of candidates will be presented to all members after the closing of the nomination period, which were announced two months before the Assembly. No candidate changes will be allowed candidates once the nominating period is closed.

Please send this form to the Secretary of the Presidency to presidenciaaldoo@gmail.com

Asociación Latinoamericana de Optometría y Óptica
School Of Optometry, Inter American University of Puerto Rico
500 John Hill Harris Road, Bayamón, Puerto Rico
Tel. (787) 765 1915, Ext 1002, Fax (787) 767 3920. www.aldoo.org

NAME OF ORGANIZATION

PERIOD OF THE CURRENT BOARD OF DIRECTORS.....

CONGRESS:

NOMINATION TO THE PRESIDENT REELECTION

LAST NAME, FIRST NAME.....

TITLE/ SPECIALTY.....

ELECTED BY..... GOVERNING BOARD ASSEMBLY

School Of Optometry, Inter American University of Puerto Rico
500 John Hill Harris Road, Bayamón, Puerto Rico
Tel. (787) 765 1915, Ext 1002, Fax (787) 767 3920.
www.aldoo.org

presidenciaaldoo@gmail.com



Asociación Latinoamericana de Optometría y Óptica

NOMINATION TO THE PRESIDENT-ELECT

LAST NAME, FIRST NAME.....

TITLE/ SPECIALTY.....

ELECTED BY..... GOVERNING BOARD ASSEMBLY

NOMINATION FOR A MEMBER SUB-REGION CENTRAL AMERICA

LAST NAME, FIRST NAME.....

TITLE/ SPECIALTY.....

ELECTED BY..... GOVERNING BOARD ASSEMBLY

NOMINATION FOR A MEMBER SUB-REGION CARIBBEAN

LAST NAME, FIRST NAME.....

TITLE/ SPECIALTY.....

ELECTED BY..... GOVERNING BOARD ASSEMBLY

NOMINATION FOR A MEMBER SUB-REGION SOUTH AMERICA

LAST NAME, FIRST NAME.....

TITLE/ SPECIALTY.....

ELECTED BY..... GOVERNING BOARD ASSEMBLY

NOMINATION FOR THE THIRD WCO GB MEMBER

LAST NAME, FIRST NAME.....

TITLE/ SPECIALTY.....

ELECTED BY..... GOVERNING BOARD ASSEMBLY



Asociación Latinoamericana de Optometría y Óptica

SIGNATURES AND POSITIONS:

Date: