

2018 ISCT Nominations Form

Submit by email to: nominations@celltherapysociety.org no later than 5pm PST on January 30th, 2018

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: Y N

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

Self Nominated Nominated by Another Individual: _____
Nominator First Name, Last Name

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

Global Executive Committee

President-Elect (2018-2020)

Advisory Board

Elected Member, PhD (2018-2020)
 Elected Member, Technologist (2018-2020)

Regional Committees

Australia & New Zealand

Regional Vice President-Elect, Australia & New Zealand (2018-2020)

Europe

Regional Vice President-Elect, Europe (2018-2020)

North America

Regional Vice President-Elect, North America (2018-2020)

Summarize your academic and professional background in less than 250 words:

Please list your affiliated professional and commercial associations, how you are affiliated, and perceived or potential conflict of interests that may arise in undertaking your role as an officer of ISCT:

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*. *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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