BOARD OF DIRECTORS NOMINATION FORM

PLEASE COMPLETE AND SEND TO: ITT, PO BOX 13570, BISHOPS STORTFORD, HERTFORSHIRE, CM23 9PU OR ADMIN@ITT.CO.UK



NOTE: Please complete in BLOCK CAPITALS. This should be received by ITT no later than 11 APRIL 2025.

I WISH TO NOMINATE			
FOR THE FOLLOWING DISCIPLINE (PLEASE TI	CK ONE ONLY)		
1 CRUISE	4 HOTEL		
2 DOMESTIC TOURISM	5 TOUR OPERATOR		
3 GENERAL	6 TRAVEL AGENT		
PLEASE NOTE:			
YOU MAY NOT PROPOSE OR SECOND A PROPOSAL FOR YOURSELF			
A PROPOSER OR SECONDER MUST BE A VOTING MEMBER OF ITT DIRECTORS ARE EXPECTED TO BE ACTIVELY INVOLVED IN			
RETIRED MEMBERS ARE NOT ELIGIBLE TO STAND AS DIRECTORS ITT EVENTS AND OTHER ACTIVITIES THAT ARE APPLICABLE THROUGHOUT THE YEAR			
PROPOSER'S NAME			
SIGNED			
MEMBERSHIP NO			
MEMBEROIII 110			
DATE	2025		
	2025		
DATE			
I WISH TO SECOND THE	I CONFIRM THAT	I AM PREPARED TO	
DATE	I CONFIRM THAT	OVE NOMINATION	
I WISH TO SECOND THE	I CONFIRM THAT ACCEPT THE ABO (YOU MUST SIGN THIS FO	OVE NOMINATION	
I WISH TO SECOND THE	I CONFIRM THAT	OVE NOMINATION	
I WISH TO SECOND THE ABOVE NOMINATION	I CONFIRM THAT ACCEPT THE ABO (YOU MUST SIGN THIS FO	OVE NOMINATION	
I WISH TO SECOND THE ABOVE NOMINATION SECONDER'S NAME	I CONFIRM THAT ACCEPT THE ABO (YOU MUST SIGN THIS FO	OVE NOMINATION	
I WISH TO SECOND THE ABOVE NOMINATION SECONDER'S NAME SIGNED	I CONFIRM THAT ACCEPT THE ABO (YOU MUST SIGN THIS FO	OVE NOMINATION	

THIS FORM SHOULD BE RECEIVED NO LATER THAN 11 APRIL 2025. NOMINATIONS RECEIVED AFTER THIS DATE AND TIME WILL NOT BE VALID.

THIS FORM MUST BE COMPLETED IN FULL AND RETURNED TO THE INSTITUTE OF TRAVEL & TOURISM AT THE ADDRESS ABOVE ALONG WITH A COPY OF YOUR CV/BIOGRAPHY, ELECTION ADDRESS AND PHOTO (ONE PAGE OF A4).