



P 02 6154 9800
PO Box 4349 Kingston ACT 2604
info@act.ipaa.org.au
www.act.ipaa.org.au
ABN 24 656 727 375

NOMINATION FORM

FUTURE LEADERS PROGRAM

Thank you for your interest in the **2018 IPAA ACT Future Leaders Program**. Please complete the details below for your application.

Name: _____

Position: _____

Employer: _____

Level: _____

Email Address: _____

Telephone No: _____

Please tell us in 50 words or less why you would like to participate in the Future Leaders Program:

Please confirm your nomination by checking the boxes and signing below:

- I have noted the dates on the program flyer and IPAA web site and confirm I am available to attend most events, including the launch and finale sessions.
- I have endorsement to participate from my Supervisor, Branch Head or equivalent, including acceptance of the program fee of \$790 (GST inclusive)

Signature: _____ **Date:** _____