

**『Nominee Information』**

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| --- | --- |
| **Full Name**  |  |
| **Job Title and Institution** |  |
| **Address** |  |
| **City** |  | **Postal Code/ZIP** |  |
| **Phone (daytime)** |  | **Phone (evening)** |  |
| **Cell Phone** |  | **Email** |  |
| I certify the information in this nomination submission is true and correct in its entirety and hereby allow my name to stand for nomination. I understand that my name, photograph and contact information may be given to the media. |
| **Signature (Nominee)** |  | **Date** |  |

**『Nominator Information』**

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| --- | --- |
| **Full Name**  |  |
| **Job Title and Institution** |  |
| **Address** |  |
| **City** |  | **Postal Code/ZIP** |  |
| **Phone (daytime)** |  | **Phone (evening)** |  |
| **Cell Phone** |  | **Email** |  |
|  |
| **Signature (Nominee)** |  | **Date** |  |

**DEADLINE FOR NOMINATION IS: MAY 15, 2021**

**For more information please contact:**

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| **Asian Society of Transplantation** | **Vitallink Office** (Confirmation of application) |
| **Email** : astseoul20@gmail.com**Homepage** : myasot.org | **Email** : vitallink7@hanmail.net |