

BOARD OF DIRECTORS NOMINATION FORM

PLEASE COMPLETE AND SEND TO: ITT, PO BOX 217,
WARE, HERTS, SG12 8WY OR FAX TO: 0844 4995 654



**INSTITUTE OF
TRAVEL & TOURISM**

NOTE: Please complete in BLOCK CAPITALS. This should be received no later than **16 MAY 2008**. 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.

I WISH TO NOMINATE

FOR THE FOLLOWING VACANCIES (PLEASE TICK ONE ONLY)

- | | | | |
|--------------------------|--------------------------|-------------------------|--------------------------|
| 1 TRAINING AND EDUCATION | <input type="checkbox"/> | 5 GENERAL VACANCY | <input type="checkbox"/> |
| 2 TOUR OPERATOR | <input type="checkbox"/> | 6 AIRLINES | <input type="checkbox"/> |
| 3 GENERAL VACANCY | <input type="checkbox"/> | 7 GROUND TRANSPORTATION | <input type="checkbox"/> |
| 4 GENERAL VACANCY | <input type="checkbox"/> | 8 TOURIST BOARD | <input type="checkbox"/> |
| | | 9 DOMESTIC TOURISM | <input type="checkbox"/> |

PLEASE NOTE:

- YOU MAY NOT PROPOSE OR SECOND A PROPOSAL FOR YOURSELF
- DIRECTORS ARE EXPECTED TO ATTEND 6 BOARD MEETINGS A YEAR
- A PROPOSER OR SECONDER MUST BE A VOTING MEMBER OF ITT
- DIRECTORS ARE EXPECTED TO BE ACTIVELY INVOLVED IN ITT EVENTS AND OTHER ACTIVITIES THAT ARE APPLICABLE THROUGHOUT THE YEAR
- RETIRED MEMBERS ARE NOT ELIGIBLE TO STAND AS DIRECTORS

PROPOSER'S NAME _____

SIGNED _____

MEMBERSHIP NO _____

I WISH TO SECOND THE ABOVE NOMINATION

SECONDER'S NAME _____

SIGNED _____

MEMBERSHIP NO _____

I CONFIRM THAT I AM PREPARED TO ACCEPT THE ABOVE NOMINATION

(YOU MUST SIGN THIS FORM FOR IT TO BE VALID)

NAME _____

SIGNED _____

MEMBERSHIP NO _____

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THE INSTITUTE OF TRAVEL & TOURISM AT THE ADDRESS ABOVE
ALONG WITH A COPY OF YOUR CV/BIOGRAPHY.

DATE _____ 2008

**NOTICE: THE ANNUAL GENERAL MEETING
OF THE INSTITUTE WILL TAKE PLACE AT
ABTA, 68-71 NEWMAN STREET, LONDON W1
AT 5.00PM ON TUESDAY 5 AUGUST 2008.**