



European Oncology Nursing Society

Board Elections 2026

Endorsement Form

Nominee Information

Please provide the following information about the nominee.

Full Name	
email	
Phone Number (including country's code)	
Country of Residence	
Current Professional Position	
Nominated Position	

Nominator Information

Please provide the following information about your organisation / yourself.

Full Name	
Position	
Address	
email	
Phone Number (including country's code)	
President of National Society ¹ (if applicable)	
EONS Individual Membership Number ² (if applicable)	

Date

Signature

¹ Completed by the National Society Representative

² completed by EONS Individual Member