PHILIPPINE OBSTETRICAL AND GYNECOLOGICAL SOCIETY (Foundation), INC.

2022 BOARD OF TRUSTEES
OFFICIAL NOMINATION FORM

Please Accomplish in duplicate:

Original: POGS File (1)
Duplicate: Nominations Committee members (5 copies)

To : The Committee on Nominations

From : _____: Department of OB-GYN
Hospital

Date : _____

We respectfully endorse the nomination of
_____, M.D.
residing in _____.

The above nominee is an active POGS Fellow member in good standing since _____.

_____
(Signature over printed name)
Chair
Department of OB-GYN
_____ Hospital