

ALL PILLARS	<p>PPN Dun Laoghaire Rathdown</p> <p>Nomination Form 2016</p> <p>Smart Dublin Advisory Network</p>
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Name of candidate:	Click here to enter text.
Address of candidate:	Click here to enter text.
Phone number of candidate:	Click here to enter text.
Email address of candidate:	Click here to enter text.
Which PPN member group is the candidate a member of?	Click here to enter text.

Name of nominating group:	Click here to enter text.
Proposer: (Chairman / Secretary of Nominating Group)	Click here to enter text.
Email address of proposer:	Click here to enter text.
Phone number of proposer: (to confirm nomination)	Click here to enter text.

The candidate acknowledges and agrees to represent the PPN Membership in accordance with the Roles, Rights and Responsibilities of a PPN Representative as contained in the PPN User Guide. Available at www.dlrppn.ie/index.php/useful-documents	Yes	No
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Please describe the experience / skills this candidate would bring to the Smart Dublin Advisory Network: (limited to approx. 8-10 lines of text)

This form should be completed and returned by the proposer to PPN Secretariat by: Scan & Email to secretariat@dlrppn.ie, or by Post to PPN Secretariat, The Old Post Office, 7 Rock Hill, Main Street, Blackrock, Co.Dublin. by 5pm on Tuesday 1st of November.