**Nomination for Appointment as a Member of
a WCRP Project Scientific Steering or Working Group**

(Please complete this form and send it to Peter van Oevelen at gewex@gewex.org)

DETAILS OF CANDIDATE NOMINATED

Nominated for: **GEWEX Scientific Steering Group**

|  |  |
| --- | --- |
| Title: |  |
| First Name: |  |
| Last Name: |  |
| Year of Birth: |  |
| Gender: |  |
| Postal Address: |  |
| Country: |  |
| Nationality: |  |
| Languages: |  |
| E-mail Address: |  |
| Telephone: |  |
| Fax: |  |

Nominee’s professional homepage or website:

Academic Background (maximum of 8 lines):

Positions held (maximum of 8 lines):

Expertise (maximum of 8 lines):

Why is this individual particularly suited to this SSG or WG (maximum of 5 lines)?

|  |  |
| --- | --- |
| Submitted by |  |
| Title: |  |
| First Name: |  |
| Last Name: |  |
| Organization: |  |