Executive Board Election of the Asia Pacific Society for Immunodeficiencies 2026

Candidature Form

1. PERSONAL DETAILS

Title and name	
Country/Region	

2. NOMINATION DETAILS

Office	
Nominator	
Seconder	

3. DECLARATIONS

I declare the following conflicts of interests truthfully:

I accept the nomination.

Signature Date

Please send the nomination form to **apsid@apsocid.org**