…………., …… October 2024

*Proxy Form UEMS NMAs[[1]](#footnote-1)*

*to be filled, signed, dated, scanned and sent to* [*coordination@uems.eu*](mailto:coordination@uems.eu)

**UEMS Advisory Committee Meeting** and **UEMS Council Meeting: 18-19 October 2024, Brussels**

**Proxy UEMS NMA**

The ………………………………..………………… Association hereby grants a proxy to the ………………………………………….………………… Association to represent the ………………………………………………………………….. at the UEMS Advisory Committee Meeting on Friday (18th October) and at the UEMS Council Meeting on Saturday (19th October).

Grantor’s Signature Grantee’s Signature

1. Each UEMS NMA Full Member may act as a proxy only once. While UEMS Associate Members and Observers may appoint a proxy to represent them, they are not eligible to vote. [↑](#footnote-ref-1)