INTERNATIONAL PROGRESSIVE MS ALLIANCE

More than hope. Progress.

People affected by MS Engagement Coordination Team Nomination Form

Type of Nomination: ()Self-nomination ()Nominating Someone

If you are nominating someone else, please indicate your name and email address:Name:Email:

1	Nominee's name (Last, First)
2	Nominee's contact details Please provide your address (including country), email, and telephone number.
3	What is your (the nominee's) connection to progressive MS? Please note that this role is only open to people who live with progressive MS, or who care for someone with progressive MS in a non-professional capacity (i.e., spouse, family member or friend).
4	Why are you (the nominee) interested in this position?

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5	What skills and/or experience do you (the nominee) bring to this role?
6	Why do you (the nominee) think it is important for people affected by progressive MS to shape the work of the International Progressive MS Alliance, including research initiatives?
7.	How will your (the nominee's) experiences and perspectives contribute to the work being done by the Alliance?
8.	Members of the People affected by MS Engagement Coordination Team will be asked to participate in other committees and work teams as needed. Please select all of the options that fall within your (the nominee's) area of
	expertise or interest.
	Scientific Steering Committee
	Implementation of the Principles of Patient Engagement Fundraising
	Industry Engagement
	<u>Research Project Oversight</u> <u>Communications Activities</u>

Thank you for your interest in the International Progressive MS Alliance.