Election of Directors of IACR, 1999
Nomination Protocol

IACR Nominations Committee (see www.iacr.org/bod.html for addresses):
Eli Biham
Matt Franklin (Chair)
Peter Landrock (Returning Officer)

Positions for this Election:

<table>
<thead>
<tr>
<th>Post</th>
<th>Term</th>
<th>Incumbent</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Directors</td>
<td>January 2000 - December 2002</td>
<td>Gilles Brassard</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ueli Maurer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bart Preneel</td>
</tr>
</tbody>
</table>

Nominators must be members of the IACR, and Nominees must be regular members of the IACR. Candidates may submit a statement of up to 50 words in length which will be included on the election ballot form.

Nominations must be faxed or mailed to be received no later than SEPTEMBER 15, 1999. No email or hand delivery will be accepted!

Candidates’ Statements must be emailed or faxed or mailed to be received no later than SEPTEMBER 20, 1999. No hand delivery will be accepted!

All correspondence must be directed to:
Matt Franklin
Xerox PARC         email: franklin@parc.xerox.com
3333 Coyote Hill Road      Phone: 650-812-4228
Palo Alto, CA 94306, USA Fax: 650-812-4471

Nominations and Statements will be acknowledged within three (3) working days of receipt (before the deadlines). It is the responsibility of the candidates to ensure that Nominations and Statements are received!

Ballots will be mailed by OCTOBER 1, 1999.

Ballots must be mailed to be received by the Returning Officer in the official envelopes by NOVEMBER 15, 1999.
IACR ELECTION NOMINATION FORM

I nominate ____________________________ for the position of Director.

Nominator:

NAME (PRINT) ____________________________ SIGNATURE ____________________________

PHONE NUMBER ____________________________ FAX NUMBER ____________________________

EMAIL ADDRESS ____________________________ DATE ____________________________

ADDRESS: ________________________________________________________________

I, ____________________________, accept this nomination.

Nominee:

NAME (PRINT) ____________________________ SIGNATURE ____________________________

PHONE NUMBER ____________________________ FAX NUMBER ____________________________

EMAIL ADDRESS ____________________________ DATE ____________________________

ADDRESS: ________________________________________________________________

STATEMENT: ________________________________________________________________

RETURN THIS FORM BY MAIL OR FAX TO:

Matt Franklin
Xerox PARC  email: franklin@parc.xerox.com
3333 Coyote Hill Road  Phone: 650-812-4228
Palo Alto, CA 94306, USA  Fax: 650-812-4471