



## 2024 IOWA DEMOCRATIC PARTY STATE CONVENTION ALTERNATE DESIGNATION FORM

Designated alternates must have this form completed and signed by the delegate they are to replace in order to receive their credentials at the 2024 Iowa Democratic Party State Convention.

I, \_\_\_\_\_ (delegate printed name), a delegate from  
\_\_\_\_\_ County, Iowa, hereby authorize, \_\_\_\_\_  
(alternate printed name), to replace me as a delegate to the State  
Convention:

A. All Day

B. Until \_\_\_\_\_ (time).

C. From \_\_\_\_\_ (time) for the rest of the day of the convention.

D. From \_\_\_\_\_ (time) until I come back at approximately \_\_\_\_\_.

Delegate Signature: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Delegate Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Alternate Signature: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Alternate Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_