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BASC BOARD NOMINATION FORM

All nominations must be received by May 1, 2010.

| | | |
|---|----------------------|-----------|
| Please provide your contact information. | | |
| First Name _____ | Last Name _____ | |
| ASC/Company _____ | | |
| Address _____ | | |
| City _____ | State _____ | ZIP _____ |
| Phone Number () _____ | Fax Number () _____ | |
| Email _____ | | |

| | | |
|--|----------------------|-----------|
| Please provide the contact information of the person you are nominating | | |
| First Name _____ | Last Name _____ | |
| ASC/Company _____ | | |
| Address _____ | | |
| City _____ | State _____ | ZIP _____ |
| Phone Number () _____ | Fax Number () _____ | |
| Email _____ | | |

Describe the qualities and expertise that your nominee would bring to the BASC Board.

I have confirmed their willingness to serve.

A RESUME OR CV MUST BE ATTACHED TO THIS FORM

Nominations can be faxed to 703.549.0976 or sent by mail to
Board of Ambulatory Surgery Certification at 1012 Cameron St, Alexandria, VA 22314