**2019/2020**

**Nominating Committee Interest Form**

Submit this form and all required attachments to Britney Heald via email, bheald@aasm.org, or fax, (630) 737-9790. Please review the AASM Conflict of Interest Policy before volunteering.

**Contact Information:**

|  |  |  |
| --- | --- | --- |
| **Name:**  | **Degree:** | **Member Number:** |
| **Institution:**  | **Email:** |
| **Address:** | **City, State, Zip Code:**  |

**Primary Specialty:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Pulmonary Medicine | [ ]  Neurology | [ ] Psychiatry | [ ]  ENT | [ ]  Nursing |
| [ ]  Pediatrics | [ ]  Internal Medicine | [ ]  Behavioral | [ ]  Research | [ ]  Anesthesiology |
| [ ]  Family Practice | [ ]  Other       |  |  |  |

**AASM Service: Please provide a brief overview of your leadership activities within the AASM (300-word maximum).**

**Required Attachments:**

|  |  |  |
| --- | --- | --- |
| ***[ ]* CV Summary (2-page max)** | **[ ]  Conflict of Interest Disclosure Form** | **[ ] Letter of Intent** |