**2019/2020**

**Nominating Committee Interest Form**

Submit this form and all required attachments to Britney Heald via email, [bheald@aasm.org](mailto: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** |