



2012 ISHLT Board of Directors Nomination Form
(must be typewritten)

Your Name: _____

Nominee's Name: _____

Nominee's Professional Specialty: _____

Nominee's Institutional Affiliation: _____

Nominee's Current Position/Title: _____

Nominee's City/State/Country of Residence: _____

Number of Years Nominee Has Been a Member of ISHLT: _____

Please describe nominee's involvement in ISHLT activities during his/her membership, including committee, taskforce, and scientific council participation:

This form must be accompanied by a copy of the nominee's abbreviated CV (no more than 4 pages) and a letter of recommendation from an ISHLT member which attests to the nominee's qualifications to serve on the Board of Directors of a not-for-profit medical specialty society. Such qualifications would include competencies in leadership, organizational dynamics, and organizational management.

Deadline for submission of completed nomination forms and all attachments: **February 13, 2012**. Please mail, email, or fax to ISHLT Nominating Committee c/o Susie Newton, 14673 Midway Road, Suite 200, Addison, TX, 75001 Susie.newton@ishlt.org, Fax: 972-490-9499.