

AAMI Leadership Nomination Form

Office for which you have been nominated:

☐ Director ☐ Nominating Committee

Information:

Name: _____

Title: _____

Company: _____

Address: _____

Office Phone: _____

Cell Phone: _____

Email: _____

Educational Degrees: _____

AAMI Activities: (complete all that apply)

Number of years as an AAMI member: _____

AAMI committee roles: _____

Authorship in AAMI publications: _____

Other AAMI participation or activities: _____

Nominees are welcome to supplement the information above with additional materials about AAMI and/or other industry activities and accomplishments.

Please return this completed form to:

AAMI Nominating Committee
Attn: Theresa Sheffey
901 N. Glebe Rd., Suite 300
Arlington, VA 22203
Email: tsheffey@aami.org
Fax: 703-524-1424