



National Association of PeriAnesthesia Nurses of Canada

Nominations for Committee Chair Positions: (Please circle position)

1. *Nominations Committee Chair (or co-Chair)*
2. *Conference Committee Chair (or co-Chair)*
3. *Term of Office: May/June AGM to the following May/June AGM*

More information at www.napan.ca under Members

Nominee Information

Date: _____

Name: _____

Address: _____

Telephone: _____

Email: _____

Present employment position and worksite _____

Current member of NAPANc: Yes No

Nominator Information

Name: _____

Telephone: _____

Email: _____

Current member of NAPANc: Yes No

Nominee is in agreement with nomination: Yes No

Mail Nomination Form to:

NAPANc Office
2526 Needham Cres,
Ottawa, Ontario
K1V 6K2

OR email to: info@NAPANc.ca