



# NOMINATION FOR DIVISION OFFICER

## MEDICAL DIVISION

*This form may be completed by either the nominator or the nominee. Both the nominator and the nominee must be members of the Medical Division, and the nominee must be an Active or Corresponding member of ATA.*

### ① Nominee

Name of Nominee:	
E-Mail Address:	
Nominated for position of:	<input type="checkbox"/> administrator <input type="checkbox"/> assistant administrator
Is the nominee aware of this nomination?	<input type="checkbox"/> yes <input type="checkbox"/> no

### ② Nominator

Name of Nominator:	
E-Mail Address:	
Phone Number:	
Comments:	

## Submitting the Form

Please submit by mail to Jamie Padula 225 Reinekers Lane, Suite 590, Alexandria, Virginia 22314, or by fax to Attention Jamie Padula, (703) 683-6122.

## Questions?

Contact the MD Nominating Committee:  
Joan Wallace, joan@cptranslations.com