

SUBJECT: NOMINATION FORM

Name:	
Contact Information:	
e-mail address:	

Please indicate your interest in volunteering or nominating someone for the following positions. Elections will be held on day, month, year.

If you are presently the IPAC OR for one of the positions, please confirm you continued interest in the position.

Print and fax to 613-xxx-xxxx attention *current president* or send by e-mail to: xxx.xxx@xxx.xx

Executive Committee	
I wish to submit my name or nominate the following individual for the following position:	If nominating, provide name (please advise nominee)
IPAC Ottawa Region President-Elect	
IPAC Ottawa Region Secretary	
IPAC Ottawa Region Membership Coordinator	
IPAC Ottawa Region Webmaster	
IPAC Ottawa Region Treasurer	
IPAC Ottawa Region Education Coordinator	

IPAC OR 20xx Conference Planning Committee	If nominating, provide name (please advise nominee)
Chair	
Planning committee member	

IPAC-Ottawa Region Interest Group representative	If nominating, provide name (please advise nominee)
Community Healthcare	
Dialysis	
Environmental Hygiene	
Healthcare Facility Design and Construction	
Long Term Care	
Mental Health	
Network of Networks	
Oncology	
Pediatrics and Neonatal	
Pre-hospital and First Responders	
Surveillance/Applied Epidemiology	

Standing Committee	
I wish to submit my name as the committee representative for IPAC OR	If nominating, provide name (please advise nominee)
Education Committee	
Membership Committee	
Standards and Guidelines Committee	