

**Illinois Society for Advanced Practice Nursing  
2008/2009 Board of Directors and Nominating Committee  
NOMINATION FORM**

The ISAPN Nominating Committee is seeking nominations for ten positions on the Board of Directors. Any ISAPN individual member is eligible to serve on the ISAPN Board of Directors, and members may nominate themselves. Nomination forms must be received in the ISAPN office **NO LATER THAN JUNE 1, 2008 at 5:00 p.m.**

Candidate information will appear on [www.isapn.org](http://www.isapn.org). This year, elections will be conducted electronically. Voting will be open from September 1 through September 30, 2008. Results will be announced at the Annual Business meeting during the ISAPN Symposium.

*Please secure the agreement of the nominee before submitting this form. Only one nomination per form.*

**Nomination for:**

**ISAPN President (2-year term)**

**ISAPN Secretary (2-year term)**

**CNS Representative (2-year term)**

**CRNA Representative (2-year term)**

**ISAPN Chair, Government Relations Committee (2-year term)**

**ISAPN Chair, Membership/Marketing Committee (2-year term)**

**ISAPN Student Representative (1-year term)**

*(You may submit a one nomination for Regional Representative from your ISAPN Region. For a regional map, go to <http://www.isapn.org/map.php>.*

**Region #2 Representative (2-year term)**

**Region #4 Representative (2-year term)**

**Region #6 Representative (2-year term)**

**Nominee Information**

(Information must be complete or the nomination will be returned)

Nominee Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Home E-mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Work E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Specialty: \_\_\_\_\_

I have enclosed/faxed a CV/resume for the nominee which details both education and employment history.

**Nominator**

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature of Nominator: \_\_\_\_\_

**Mail or fax this completed form (one form per nomination) to:**

**ISAPN  
P.O. Box 1735  
Springfield, IL 62705  
Fax: 217-525-2842**

**Questions:  
Kathleen Jorgensen  
[kathleen@isapn.org](mailto:kathleen@isapn.org)  
1-866-GO-IL-APN  
(1-866-464-5276)**

**DEADLINE: June 1, 2008**