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### BASC BOARD NOMINATION FORM

All nominations must be received by May 1, 2010.

<b>Please provide your contact information.</b>		
First Name _____	Last Name _____	
ASC/Company _____		
Address _____		
City _____	State _____	ZIP _____
Phone Number ( ) _____	Fax Number ( ) _____	
Email _____		

<b>Please provide the contact information of the person you are nominating</b>		
First Name _____	Last Name _____	
ASC/Company _____		
Address _____		
City _____	State _____	ZIP _____
Phone Number ( ) _____	Fax Number ( ) _____	
Email _____		

**Describe the qualities and expertise that your nominee would bring to the BASC Board.**

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**I have confirmed their willingness to serve.**

**A RESUME OR CV MUST BE ATTACHED TO THIS FORM**

Nominations can be faxed to 703.549.0976 or sent by mail to  
Board of Ambulatory Surgery Certification at 1012 Cameron St, Alexandria, VA 22314