FELLOW-IN-TRAINING MEMBERS SECTION REGIONAL REPRESENTATIVE NOMINATION FORM

Name: _____

Work Address: _____

_____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____

Phone (work): _____ Fax: _____

Email: _____

Training Program: _____

Expected Completion Date: _____/_____
MM YY

Please attach a current curriculum vitae and a statement explaining your interest in the position.

Signature of Candidate: _____ Date: _____

Name of A/I Program Director: _____

Program Director Signature: _____ Date: _____

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Please return form to Anna Nagle by email at annanagle@acaai.org .