

# *Nomination Form*

## *Florida Viral Hepatitis Council*

Nominee Name: \_\_\_\_\_ Date of Nomination: \_\_\_\_\_

Nominee Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone (if available): \_\_\_\_\_

Please describe why this nominee would be a good candidate for the Council:

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Please indicate the group or area for which this nominee would be best able to provide representation:  
(check all that apply)

	Check here
Community member	<input type="checkbox"/>
Clinical/medical services	<input type="checkbox"/>
Public health	<input type="checkbox"/>
Other governmental	<input type="checkbox"/>
Associations/community based organizations	<input type="checkbox"/>
Academic/research/university	<input type="checkbox"/>

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

Nominator Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone (if available): \_\_\_\_\_