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## IDEC 2009-2010 CALL FOR NOMINATIONS

Term of office begin May 1, 2010

Signed Nominations Forms should be returned **by June 1, 2009**  
to **Christine Saricos** via FAX (317 280-8527)  
or MAIL (IDEC, 9100 Purdue Road, Suite 200, Indianapolis, IN 46268)

**All nominations must come from professional and fellow members in good standing.  
Nomination form must be signed.**

### **To serve a 1-year term on the Board of Directors as: PRESIDENT-ELECT**

**Please note:** this position will incur an actual three-year commitment (one year each as President-Elect, President, and Past-President.)

I nominate the following person, who to my knowledge is a voting member in good standing, for consideration by the Nominating Committee. Please print.

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

Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Membership Category: \_\_\_\_\_  
(Professional- P or Fellow- F)

Please check one:  YES, I have contacted the nominee and know they are willing to serve.  
 NO, I have not contacted my nominee.

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### **To serve a 2-year term on the Board of Directors as: DIRECTOR AT LARGE: DEVELOPMENT**

I nominate the following person, who to my knowledge is a voting member in good standing, for consideration by the Nominating Committee. Please print.

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

Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Membership Category: \_\_\_\_\_  
(Professional- P or Fellow- F)

Please check one:  YES, I have contacted the nominee and know they are willing to serve.  
 NO, I have not contacted my nominee

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**To serve a 2-year term on the Board of Directors as: DIRECTOR AT LARGE: COMMUNICATIONS**

I nominate the following person, who to my knowledge is a voting member in good standing, for consideration by the Nominating Committee. Please print.

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

Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Membership Category: \_\_\_\_\_  
(Professional- P or Fellow- F)

Please check one:  YES, I have contacted the nominee and know they are willing to serve.  
 NO, I have not contacted my nominee

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**To serve 2-year term: REGIONAL CHAIR**

Only nominate within your region. Indicate your region by checking below.  
Please print.

Regions:

- PACIFIC WEST
- SOUTH

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

Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Membership Category: \_\_\_\_\_  
(Professional- P or Fellow- F)

Please check one:  YES, I have contacted the nominee and know they are willing to serve.  
 NO, I have not contacted my nominee.

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**Nomination form MUST be signed!**

YOUR NAME: \_\_\_\_\_  
(PLEASE PRINT)

\_\_\_\_\_  
(SIGNATURE)

DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Please return this form by June 1, 2009**

For any questions, please email Nominating Committee Chair,  
**John Turpin** at [jturpin@wsu.edu](mailto:jturpin@wsu.edu)