

# IEMSA Board Seat Nomination Form

Return to the IEMSA office by September 16, 2009

Regional Representative Nomination       At-large Nomination

**Nominee's Name** \_\_\_\_\_

Company/Service \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

**Brief biography of nominee describing EMS involvement**

(50 words or less – use a separate sheet of paper if necessary)

\_\_\_\_\_

\_\_\_\_\_

**Nominator's Name** \_\_\_\_\_

Phone Number \_\_\_\_\_

Mail to: **IEMSA – Board Seat Nomination**

2600 Vine Street, Suite 400, West Des Moines, IA 50265

Fax: 515-225-9080 / e-mail: [administration@iemsanet](mailto:administration@iemsanet)