

**Section on Geriatrics
Health Promotion and Wellness Special Interest Group
Nomination Form**

Name of person being nominated: _____

Name of person making nomination: _____ Date: _____

If you are nominating someone else, have they indicated their willingness to serve? _____ <u>Yes</u> _____ <u>No</u>

Information about person nominated: (e.g. workplace, specialty area of practice, other relevant professional information, and contact information)

How long a member of Section on Geriatrics? _____ How long in HPW SIG? _____

Position nominated for: ___Chairperson ___Nominating committee

Qualifications for the office:

Goals for this office, if elected