

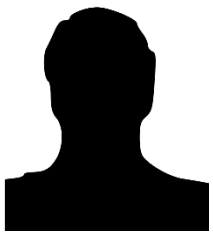


**Surgical Outcomes Club
Board of Directors Nomination Form**

Nominee (including degrees):	
Position Title:	
Institution:	
Mailing Address:	
Phone:	
Email:	
Nominated by: (self nomination accepted)	
*Position Nominated for: (Resident/Fellow vs. At-large Director)	
Nominator Phone Number:	
Nominator Email Address:	

***Requirements: the resident term must coincide with a two-year research fellowship (or other non-clinical roles)**

Please provide below, a one paragraph biosketch (maximum 250 words) describing the nominee's background and qualifications for serving in this role. Please also include a photograph of the nominee. The photograph and biosketch will supplement the ballot shared with membership at Annual Meeting.



Email nomination form as attachment to: agay@umich.edu by **Friday, October 4, 2019.**