



Board of Trustees Nomination Form

Return this application to Laura Clark Stedman @ lbleon@nysdental.org

CANDIDATE NAME: _____

PREFERRED Contact Address, including email (list in space below):

PHONE: _____ Office: _____ Cell: _____

COMPONENT DENTAL SOCIETY (if applicable) _____

EMPLOYER (if applicable) _____

In addition to providing a copy of nominee's current cv, please express why you are nominating him/her to the Foundation Board:

NOMINEE'S PREVIOUS EXPERIENCE (if any) WITH NYSDF:

Please check any of the following skills or experience the candidate possesses:

- | | |
|-------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Administration/management | <input type="checkbox"/> Policy development |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Program Development |
| <input type="checkbox"/> Education/course development | <input type="checkbox"/> Public relations, communications |
| <input type="checkbox"/> Finance/accounting | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Grant Writing | Other: _____ |
| <input type="checkbox"/> Non-profit experience | |

Submitted by: _____ Date: _____

Phone: _____ Email: _____

Has the candidate been contacted to determine interest in nomination? YES [] NO []

20 Corporate Woods Blvd., Suite 602, Albany, NY 12211 518.465.0044 OR 800.255.2100 Fax: 518.465.3219

Thank you for your nomination!