NYSDF
New York State Dental Foundation
IMPROVING THE ORAL HEALTH OF ALL NEW YORKERS

Board of Trustees Nomination Form

Return this application to Laura Clark Stedman @ lbleon@nysdental.org by 29 July 2020

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:

__ Administration/management

__ Community Service

__ Education/course development

__ Finance/accounting

__ Grant Writing

__ Non-profit experience

__ Policy development

__ Program Development

__ Public relations, communications

__ Special events

Other:

Submitted by:_____ Date: _____

Phone: _____ Email: _____

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

Thank you for your nomination!

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