

## CASE COMMITTEE NOMINATION FORM

INSTRUCTIONS: This form may be completed by a candidate or by a nominator. It is essential that complete and accurate information be provided for each candidate. Please duplicate this form if you wish to nominate additional candidates. Complete one form for each candidate and send to the Executive Director. [lpurcell@casecec.org](mailto:lpurcell@casecec.org)

Name of Person NOMINATING Candidate \_\_\_\_\_

NOMINATOR' S Address \_\_\_\_\_

NOMINATOR' S Telephone Office \_\_\_\_\_ Email \_\_\_\_\_

Nominator' s Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please indicate standing committee for which candidate is being nominated (check all that apply):**

Membership \_\_\_\_\_ Product Review \_\_\_\_\_ Policy & Legislation \_\_\_\_\_ Research \_\_\_\_\_

Professional Development \_\_\_\_\_ Finance \_\_\_\_\_ Unit Development \_\_\_\_\_ Publication \_\_\_\_\_

CANDIDATE' S NAME \_\_\_\_\_

Professional Position \_\_\_\_\_

Address (Office) \_\_\_\_\_

Telephone (Office) \_\_\_\_\_ Email \_\_\_\_\_ CEC ID# \_\_\_\_\_

CASE Subdivision Offices Held/Date(s) \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_ Ethnicity \_\_\_\_\_

Type of Disability (if any) \_\_\_\_\_

What is your job role? \_\_\_\_\_

If you are involved in a district/Coop, what is the size of your K-12 enrollment? \_\_\_\_\_

Please do not send candidate' s resume but **include a paragraph containing pertinent characteristics and experiences, which uniquely qualify this individual for a committee position**