



**NOMINATION TO THE BOARD OF DIRECTORS OF THE
SOUTHEAST TEXAS TRAUMA REGIONAL ADVISORY COUNCIL**

I, _____ hereby nominate
_____ to the SETTRAC Board of
Directors for a three-year term/remainder of a three-year term of office as
the representative for the medical organization known as
_____, effective this date
_____, 200__.

Signed: _____

Title: _____

Please provide mailing address and phone numbers where nominee can be reached, or a résumé.