



INSTITUTE OF HAZARDOUS MATERIALS MANAGEMENT
Attn: Nominating Committee
11900 Parklawn Drive | Suite 450 | Rockville, MD 20852
PHONE: 301-984-8969 | FAX: 301-984-1516 | E-mail: info@ihmm.org

NOMINATION FOR IHMM DIRECTOR ELECTIONS 2010

Name of Nominee: _____

Nominee's E-mail: _____ Daytime Phone: _____

Nominee's Position Title: _____

Nominee's Employer: _____

Nominee's Work Address: _____

Please describe below the reasons you think the nominee would make a good IHMM Board Member. Include anything that highlights the individual's qualifications, such as service on standards committees, volunteer service or leadership positions in other organizations, etc. (Attach additional sheets if needed.)

Nominator's Signature: _____ Date: _____

Please *Print* Name: _____ CHMM # _____

E-mail address: _____ Daytime Phone: _____

For IHMM Executive Office Use Only

Candidate Packet: Date sent: _____

Decline Accept- Bio rec'd: _____

If CHMM: ID # _____ Cert Date: _____

Recert status: _____ Fee status: _____