



CCS COUNCIL NOMINATIONS FORM

Please provide a brief note explaining why you are nominating the following individual(s), along with a biographical summary or short CV (maximum one page each). Please confirm that the individual has agreed to allow their name to be brought forward.

Council Secretary (CCS Executive Committee as well as Council position)

Have included biographical summary and outline

Name and Contact Information of candidate:

The individual is an active member of the CCS and has agreed to allow their name to be brought forward.

Council Member #1

Have included biographical summary and outline

Name and Contact Information of candidate:

The individual is an active member of the CCS and has agreed to allow their name to be brought forward.

Council Member #2

Have included biographical summary and outline

Name and Contact Information of candidate:

The individual is an active member of the CCS and has agreed to allow their name to be brought forward.

Nominator: _____

Signature: _____

Please return by May 1, 2015 to:

Odette McNeely
Canadian Cardiovascular Society
222 Queen Street, Suite 1403
Ottawa , ON K1P 5V9
Fax: 1-613-569-6574
email: nominations@ccs.ca
