



IACRN Committee Interest Form

Upon completion you will be contacted to discuss your form. Thank you for your interest!

Full Name: _____

Credentials: _____

Employer: _____

Current Title: _____

Address: _____

Country: _____

Preferred Contact Email: _____

Preferred Phone Number: _____

Committee(s) Interests: _____

(For a description of each committee, please check our website [here](#).)

Please check all that apply.

- Chapter Governance Committee
- Conference Planning Committee
- Research Committee
- Education
- Membership, Marketing and Communications Committee
- Nominations Committee

Previous experience which demonstrates your ability to contribute to the vision and mission of IACRN:

Strengths which you bring to your IACRN committee of choice:

Will you be submitting a current CV and pic of yourself?: Y/N

If so, please email them to iacrn@iacrn.org.

Thank you again for your interest! Please send the completed form and any attachments to

iacrn@iacrn.org.