



TRUSTEE NOMINATION FORM

Information about the nominee:

NAME: _____ CREDENTIALS _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE (*check preferred*) () Home: _____

() Work: _____

() Cell: _____

EMAIL: _____

**Please be sure to attach a resume or curriculum vitae for the nominee and the USBIA
Trustee Application**

Information about the nominator:

NAME: _____

PHONE: _____ Email: _____

Please return Nomination Form and Trustee Application by mail or email no later than Monday, October 13, 2014 to:

Julie Peters, CBIS
Chair, USBIA Governance Committee
Brain Injury Alliance of Connecticut
200 Day Hill Road, Suite 250, Windsor, CT 06095
jpeters@biact.org