



NOMINATIONS– EXTENSION DELEGATE TO CONVENTION 2012

I _____ am volunteering to run as a Delegate
Name of Candidate

to the 2012 UNAC/UHCP CONVENTION.
Year Name of Convention

I agree that if elected as a Delegate or Alternate Delegate to the Convention, I will represent my local affiliate and UNAC/UHCP to the best of my abilities. I agree to attend all Business meetings and the functions that are required of me as an elected Delegate or Alternate Delegate including both pre-convention and actual convention meetings. My name should appear on the ballot as follows:

Name: _____ (PLEASE PRINT)

Title: _____

UNAC/UHCP Affiliate: St Francis Registered Nurses Association

*This form must be received **via FAX** no later than **5:00 PM** on **Thursday, July 5, 2012** Fax all nominations to the UNAC/UHCP State Office at **909-599-8655***

ATTN: Sandi Marques, RN Nominations Chair

PLEASE RETAIN YOUR COPY OF THE FAX TRANSMITTAL RECEIPT FORM FOR VERIFICATION PURPOSES.

Signature: _____ **Date:** _____

Please complete the following for the local and state office use:

Current Address: _____

Phone Number: (Home) _____ **(Work)** _____ **Ext.** _____

Unit Work Location: _____ **Shift:** _____

Home E-Mail: _____

** E-mail will not be accepted, as signature is required.*