

NATIONAL COMMISSION ON VISION AND HEALTH NOMINATION FOR COMMISSION MEMBERS

DEADLINE FOR NOMINATIONS: November 2, 2007

My Name: _____

Office Phone: _____ Email: _____

I personally know and have worked with the following person:

Name _____

Title/Position _____

Address _____

Telephone _____ Email _____

1. How do you know the person being nominated?

2. What do you believe are their strong points which would contribute to the Commission?

3. Which characteristics are the nominee representatives of? (See list of desired characteristics from nominee description.)

Thank you for your help. Please return the completed form electronically to John Whitener, OD, MPH, at JCWhitenerod@aoa.org or you can fax to (703) 739-9497.
