



## PNC Regional Representative Nomination Form

- ☐ I am interested in volunteering for the Regional Representative for National Committee (PNC)
- ☐ I would like to nominate the following person for the Regional Representative for National Committee (PNC)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of nominee: \_\_\_\_\_

Phone: \_\_\_\_\_ Email : \_\_\_\_\_

Why I or my nominee would be a good candidate for the above committee:

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Please check here if you have nominated someone other than yourself:

- ☐ I hereby acknowledge the person I have nominated has consented to serve on this Committee

Thank you for your support of the Perioperative Nurses College (NZNO)

Nomination accepted ☐

Nomination declined ☐

Regional Chairperson : \_\_\_\_\_