



# LOUISIANA CANCER REGISTRARS ASSOCIATION

... making a difference

## 2024 LCRA Executive Committee Chair Nomination Form

### \*Nominee Info:

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

Office:  President  Vice President  Secretary  Treasurer

Place of Employment: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

Please describe your reason for submitting this nomination. *\*Please be as detailed as possible.*

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### \*Submitted By:

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

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

Has nominee been notified of nomination?  Yes  No

If yes, has nominee accepted the nomination?  Yes  No

Please email completed form to Lauren Vincent at [laurenvincent@registrypartners.com](mailto:laurenvincent@registrypartners.com).  
Subject Line: "LCRA Executive Committee Nominations"