



LOUISIANA CANCER REGISTRARS ASSOCIATION

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2024 LCRA Sub-Committee Chair Nomination Form

*Nominee Info:

Name: _____ Credentials: _____

Position: Bylaws Chair Public Relations/Website Chair Nominating Chair
 Distinguished Member Award Chair Education/Mentor Program Chair

Place of Employment: _____

Position/Title: _____

Phone: (____) _____ Email: _____

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

*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.
Subject Line: "LCRA Executive Committee Nominations"