

We the undersigned, hereby nominate:

## 2021 SPECIAL ELECTION NOMINATING PETITION - OCTOBER 2021

							_			
Print Candidate's Name				Petition ID Number*						
For the position of:			_							
EXECUTIVE BOARD MEMBER _		<sub>BER</sub> 560 _	Ro	swell	Park Ca	ancer	nstitu	ute		
Seat#				Agency Name						
Members, Clinical Die Access Coordinators	ticians, Clinic Fe and Supervisors,	cer Institute – Pharmacy llows, Clinical Informatic: Patient Experience, Priv strator, Laser Engineerin	s, Occupationa acy Officer, Ra	I and Phy adiation, S	sical Therapy Staff Physicia	y, Patient ns, Sterile	Process			
Number of valid sign					<b>.</b>	<b>T</b> . <b>D</b> .				
of up to the first four le PAYCHECK and the f	etters of your first irst five numbers	e the signature, printed t name and up to the first of your home zip code.	four letters of		name EXAC	TLY AS TH	HEY APF			
SIGNA	SIGNATURE PRINT FIRST AND LAS			PETITION ID NUMBER						
1.										
2.							-			
3.										
4.					-		_			
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8.										
9.										
10.										
11							_			
11.									+ + +	
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eligible to sign petitions fo	r the above office. It ten signature only,	2) I personally circulated this Please print name, Petition digital signature not accep	ID number, dat ted.	e and sign		re to fill in	all field:			
12.  I certify that, 1) I am a regulation invalid. Handwrite	r the above office. It ten signature only,	Please print name, Petition digital signature not accep	ID number, dat ted.	e and sign	n cÍearly. Failuí	re to fill in	all field	s will dee		