



WILLINGNESS -TO-SERVE FORM

GIPN's continued value and growth is dependent on the active participation of its members. Please let us know if you are willing to serve on any of the existing GIPN Committees or are interested in nomination to the Board of Directors.

1. Officers

Board of Directors for District _____

Support Liaison for District _____

2. Annual Educational Conference

Program Development

Registration

Session Monitor

Exhibitor/Vendors

Publicity

Facilities Planning

Hospitality

3. Newsletter Committee

4. Resource Manual Committee

5. Awards Committee

6. Web Site Management

QUALIFICATIONS: _____

ABOUT YOU:

Name: _____

Title: _____

Work Phone: _____

Email Address: _____

Number of years in infection prevention: _____

Infection Prevention Experience: _____

Professional Memberships:

APIC

GIPN

Other: _____

Related Experiences (Office held, committees served, publications, special accomplishments, honors, interests): _____

Signature

Date