Date:

Print Name:

**I nominate the following PFNHP members for one or more of the following offices:**

President:

Vice President:

Secretary:

Treasurer:

**Unit Representatives**

Birthing Center (up to 3):

Surgical Services (up to 2):

Emergency Department (up to 2):

Medical/Surgical, including RN Clinical Analysts (up to 3):

Acute Rehabilitation Unit/Helen Porter:

Memory Care/Helen Porter:

Long Term Care/Helen Porter:

Porter Practice Management (up to 3):

Per Diem:

Form must be returned by 2/10/17 via email to [spenken@icloud.com](mailto:spenken@icloud.com) or postmarked by 2/10/17 and mailed to PFNHP PO Box 584 Middlebury VT 05753