



INSTITUTE OF HAZARDOUS MATERIALS MANAGEMENT  
Attn: Nominating Committee  
11900 Parklawn Drive | Suite 450 | Rockville, MD 20852  
PHONE: 301-984-8969 | FAX: 301-984-1516 | E-mail: info@ihmm.org

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## NOMINATION FOR IHMM DIRECTOR ELECTIONS 2009

*I nominate the following individual for:*    CHMM Director    CHMP Director

Name of Nominee: \_\_\_\_\_

Nominee's E-mail: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Nominee's Position Title: \_\_\_\_\_

Nominee's Employer: \_\_\_\_\_

Nominee's Work Address: \_\_\_\_\_

*Please describe below the reasons you think the nominee would make a good IHMM Board Member. Include anything that highlights the individual's qualifications, such as service on standards committees, volunteer service or leadership positions in other organizations, etc. (Attach additional sheets if needed.)*

Nominator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please *Print* Name: \_\_\_\_\_ CHMM # \_\_\_\_\_

E-mail address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

*For IHMM Executive Office Use Only*

Candidate Packet:      Date sent: \_\_\_\_\_

Decline    Accept- Bio rec'd: \_\_\_\_\_

If CHMM: ID # \_\_\_\_\_ Cert Date: \_\_\_\_\_

Recert status: \_\_\_\_\_ Fee status: \_\_\_\_\_