

## ASSOCIATION OF PROGRAM ADMINISTRATORS IN VASCULAR SURGERY (APAVS)

## **STEERING COMMITTEE APPLICATION**

CONTACT INFORMATION		
Name:		
Institution:	Phone:	
Educational Degree(s):		
STEERING COMMITTEE QUALIFICATIONS		
Please state in 300 words or less your qualifications for being o submit a typed sheet):	n the steering committee and willingness	s to serve (print below or
I authorize the verification of the information provided on this form.		
Applicant Signature:		Date:
Please submit application, CV and letters of support (PD & Supervisor) to: Fredd Brewer, APAVS President - brewerf@amc.edu		