



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 on the steering committee and willingness to serve (print below or submit a typed sheet):	
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: Mark Byrne, APAVS President byrneme@upmc.edu 412-291-1669 (Fax)	