



2018 CBCRP Council Nomination Form

Information About You:

Last Name: _____ First Name: _____ Degree: _____

Organization or Institution: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

What Category Are You Nominating This Person to Fill?:

_____ _____ _____	Survivor/Advocate Medical Specialist	_____ _____ _____	Non-Profit	_____ _____ _____	Scientist/Clinician Private Industry
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Has the Nominee Acknowledged That She/He is Willing to Serve? _____ Yes _____ No

Information About Nominee:

Last Name: _____ First Name: _____ Degree: _____

Organization or Institution: _____

Address: _____

Phone Number: _____ Fax Number: _____ E-Mail: _____

Please Provide a Brief Description of Nominee's Experience and Expertise:

Experience:

Expertise:

Enclosed Are: _____ Nomination Letter _____ Nominee's Resume/CV

Submit To: Dr. Marion Kavanaugh-Lynch
Director, California Breast Cancer Research Program
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Oakland, CA 94612-3550
Fax: 510.587-6325 E-mail: CBCRP@ucop.edu