



AMERICAN BACKFLOW PREVENTION ASSOCIATION

Employer Support Form – Region Director 2018 – 2020 Term for Regions 2, 4, 6, 8, 10, and 12

I _____ (Name), _____ (Title), of

_____ (Company), am aware that _____

(Name of Candidate), has been nominated to run for the position of Region Director, Region # ____ to serve on the 2018-2020 Board of Directors. I affirm that I have the authority to make the following statements: (Mark all that apply)

_____ That _____ (Name of Candidate) has the support of this organization and will receive the time necessary to perform the duties required as a Region Director. This is estimated to be 8-12 hours per month.

_____ That I am aware travel is involved as part of the duties as Region Director.

_____ That _____ (Name of Organization) will support the travel of

_____ (Name of Candidate) by paying _____ % of travel and lodging expenses as long as said travel is necessary and is in compliance with our current travel policy.

(Signature)

(Title)