Please try to gather a signature from every person that you nominate, including yourself. We must have a signature (which serves as a consent to serve) from each nurse before their name can appear on the ballot.

**DEADLINE IS Monday, Feb. 10, 2020 at 11 p.m.**

Printed name of person completing form: ____________________________
Your email address: _____________________________________________
Name of the person you are nominating for a PPNC Committee position:

<table>
<thead>
<tr>
<th>Nomination</th>
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</thead>
</table>

You must be an ONA member to serve.

If you have questions, contact Claire 541-953-7736 by cell at or by e-mail at Syrett@OregonRN.org or Tyler by cell at 503-293-0011 x1372 or by e-mail at Whitmire@OregonRN.org

CONSENT TO SERVE

If appointed/nominated, I consent to serve for the following offices (list all that apply):

_________________________________________________________________

<table>
<thead>
<tr>
<th>Signature</th>
<th>Printed Name</th>
<th>Date</th>
</tr>
</thead>
</table>

Home email: ____________________________  Mobile phone: ____________________________
Best time to reach me: ____________________________  Best way to reach me: ____________________________