

NCCLS Subcommittee Nomination Form

Principles of Manufacturers' Validation of Risk Mitigation Using Quality Controls

Simply complete and return this nomination form, including curriculum vitae and [disclosure of interests form](#), to the NCCLS Executive Offices by **10 December 2004**:

Fax to: +610.688.0700
E-Mail to: exoffice@nccls.org

Mail to: NCCLS
940 West Valley Road, Suite 1400
Wayne, PA 19087-1898

Date: _____

Nominee

Name _____
Title _____
Organization _____
Address _____
City _____ State/Province _____
ZIP/Postal Code _____ Country _____
Phone _____ Fax _____
E-Mail _____

Submitter (if different from nominee)

Name _____
Title _____
Organization _____
Address _____
City _____ State/Province _____
ZIP/Postal Code _____ Country _____
Phone _____ Fax _____
E-Mail _____

Recommended Status (check one):

- Member
 Observer

NCCLS Reimbursement is Requested* (check one):

- Yes
 No

Disclosure of Interests Form and Curriculum Vitae (check one):

- Disclosure of Interests Form** and Curriculum Vitae are attached.
 Disclosure of Interests Form** and Curriculum Vitae will be submitted separately, by nominee, by **10 December 2004**.

* Please complete **only** for nomination of potential committee **members** representing organizations in the professional or government sectors.

** A [disclosure of interests form](#) is **required** for consideration of nominees as potential committee **members**.

