



International Society for Disease Surveillance
Syndromic Surveillance Meaningful Use: Inpatient and
Ambulatory Care Data
Workgroup Member Nomination Form

Nominations will not be considered unless all form fields are complete. Please verify your nominee's contact information before submitting the nomination. If you are nominating multiple individuals, submit a completed form for each nominee. Please submit the completed form, the nominee's CV or resume (max 20 pages), and a 1-page letter of interest summarizing relevant expertise and knowledge. Only electronic submissions are accepted and should be sent to meaningfuluse@syndromic.org with "Workgroup Nomination" in the subject line.

Nominee Information

Will the nominee will be available for all scheduled in-person meetings?	
Prefix	
First and Last Name	
Suffix (MD, PhD, etc)	
Title	
Organization	
Telephone	
Email	

Nominator Information

(complete only if different than above)

Prefix	
First and Last Name	
Suffix (MD, PhD, etc)	
Title	
Organization	
Telephone	
Email	

NOMINATIONS ARE DUE BY 9:00 PM ET FRIDAY, NOVEMBER 11, 2011