



Trauma Association of Canada  
Association Canadienne de Traumatologie

**Nomination Form  
for the TRISC Executive Committee  
(2-year term)**

Date: \_\_\_\_\_

**A. Nominator (This section to be completed by the person nominating an individual or nominating him/ herself).**

I, \_\_\_\_\_, an active and current Member with the Trauma Association of Canada (TAC), would like to nominate \_\_\_\_\_, also an active and current Member of the Trauma Association of Canada.

**B. Nominee Consent (This section to be completed by the person being nominated)**

I, \_\_\_\_\_, agree to let my name stand for nomination for election to the TRISC Executive Committee.

Signature of Nominee: \_\_\_\_\_

1. Please provide a brief bio:

Once the form is completed it can be scanned and emailed to [TRISCexec@traumacanada.org](mailto:TRISCexec@traumacanada.org)  
Deadline for submission is April 8, 2024.