



## Committee Application

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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Check the committee(s) in which you are interested:

- Americas Committee     Autonomic Standards     Awards     Education  
 Early Career Committee     Electronic Communications     Health Policy Advocacy  
 Membership     Prevention     Primary Care     Program     Rehabilitation Standards

Please save and email your completed application to Carolyn Moffatt, **[Carolyn@asia-spinalinjury.org](mailto:Carolyn@asia-spinalinjury.org)**.

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