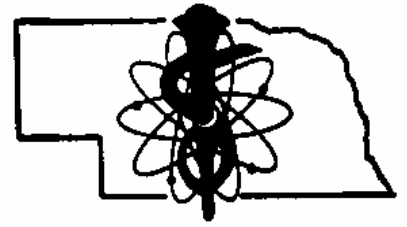


The Nebraska Society of Radiologic Technologists
An Affiliate of the American Society of Radiologic Technologists



NSRT NOMINEE PROFILE

Please include a current photo with this profile.

Please type or print clearly.

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

OFFICE BEING SOUGHT _____

DATE OF REGISTRY _____ ARRT Registry # _____

DATE OF MEMBERSHIP IN NSRT _____

DATE OF MEMBERSHIP IN ASRT _____ ASRT Membership # _____

GRADUATION DATE _____

EDUCATIONAL PROGRAM ATTENDED _____

CURRENT EMPLOYER _____

PRESENT POSITION _____

PREVIOUS EXPERIENCE (where, how long) _____

SPECIALIZED EDUCATION RECEIVED _____

PAST NSRT OFFICES/COMMITTEES HELD _____

Briefly explain why you are running for this office. (You may use additional pages if necessary) _____

If I am unable to be in attendance at the time of election, I do hereby agree to accept the office, if elected.

Date _____ Signature _____

Please note that all candidates, if elected, are **required** to attend an Officer Orientation. If Orientation is held on Saturday evening, following Annual Conference, room expense will be paid by the NSRT, if necessary.