

The VOICE for the Vascular Ultrasound Profession since 1977

## 2015 SVU Student Board Representative Application

Student's Name:	
Address: State: ZIP: _	
Phone #: E-mail Address:	
Student Member of SVU since: SVU Member ID #:	
Ultrasound School Name and Address:	
Expected Date of Graduation: Degree:	
Name of School's Ultrasound Program Director:	
Program Director's Phone #:E-mail:	
Student's School Activities:	
Preferred Ultrasound Career Choice:	
Why you would like to serve as the appointed Student Representative on the SVU Board of Directors?	
My school's Program Director supports my interest in serving on the SVU Board of Directors as the Student	
Representative: Yes NoI understand that the student representative position on the SVU Board	
Directors is a one-year, unpaid, voting position, effective January 1, 2016 through December 31, 2016 and the	
will reimburse me for my travel expenses as per SVU policy to attend two SVU Board meetings (2016 site TB	ر) and
in August 2016 at the SVU Annual Conference in Chicago, IL.	
Signature: Date:	

Please attach a current curriculum vitae or resume. Then e-mail the completed application and C.V. or resume to SVU Digital Marketing and Membership Specialist Katie Saba at **ksaba@svunet.org** by May 18, 2015.