



## 2024 Board of Directors

### Nominee Biosketch Form

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NAME:

PHONE:

EMAIL:

PRESENT POSITION:

EDUCATION (include residency & fellowship training site; dates included):

PLEASE BRIEFLY LIST: (LIMIT 2 PAGES)

1. PROFESSIONAL EXPERIENCE AND ACADEMIC APPOINTMENT
2. ASNC PARTICIPATION NOT INCLUDING AN ASNC COMMITTEE
3. PARTICIPATION IN PROFESSIONAL SOCIETIES AND NATIONAL ORGANIZATIONS
4. CONTRIBUTIONS ON BEHALF OF CARDIOVASCULAR IMAGING/PRACTICE
5. HONORS AND AWARDS

**Return by May 15, 2023 to [nzapert@asnc.org](mailto:nzapert@asnc.org).**

**Please label subject line: [insert nominee's name] – 2024 Board of  
Directors Nomination**