



2025 Board of Directors

Nominee Biosketch Form

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 April 30, 2024 to nzapert@asnc.org.

**Please label subject line: [insert nominee's name] – 2025 Board of
Directors Nomination**