



Voluntary Protection Program Participants' Association
Region II Chapter NJ, NY, PR, VI
200 VPPPA Region II Conference

Nomination Acceptance Form
Nominee to Year Open Board of Directors Positions

Seeking Position of: _____

Candidates Name: _____

Company: _____

Mailing Address: _____

City, State & Zip: _____

Phone Number: _____

Fax Number: _____

E-mail: _____

I have reviewed the "Responsibilities of the Board of Directors" and the "Obligations of the Board Members" with my management. I have obtained their support, especially as it relates to travel costs, time, and time away from work to support the Region II Board of Directors if elected into the position noted above.

Candidate

Signed: _____ Date: _____

Manager

Signed: _____ Date: _____