



Board Nomination Form

NOMINEE CONTACT INFORMATION

LAST NAME:

FIRST NAME:

EMAIL:

STREET ADDRESS:

CITY:

STATE/PROVINCE:

POSTAL CODE:

COUNTRY

PHONE NUMBER:

NOMINEE'S COMPANY AND LOCATION OF HQ

OPERATOR

SUPPLIER

TELL US ABOUT THE NOMINEE

DESCRIBE THE NOMINEE'S PORTABLE SANITATION INDUSTRY EXPERIENCE AND LEADERSHIP

DESCRIBE THE NOMINEE'S PAST PSAI INVOLVEMENT

WHAT UNIQUE QUALITIES OR PERSPECTIVE WOULD THIS NOMINEE BRING TO THE BOARD?

ADDITIONAL INFORMATION

I AM NOMINATING:

IF YOU ARE NOMINATING SOMEONE OTHER THAN YOURSELF, IS S/HE
AWARE OF YOUR NOMINATION?

MYSELF

YES

A RESPECTED INDUSTRY COLLEAGUE

NO

IF YOU ARE NOMINATING SOMEONE OTHER THAN YOURSELF, PLEASE PROVIDE YOUR NAME AND CONTACT INFORMATION INCLUDING TELEPHONE, EMAIL ADDRESS AND CURRENT PSAI MEMBER COMPANY.

PLEASE SEND THIS COMPLETED FORM TO THE PSAI OFFICE VIA SURFACE MAIL, FAX OR EMAIL.

PSAI, 2626 E 82ND STREET, SUITE 175, BLOOMINGTON, MN 55425
Fax +1-952-854-7560
Email info@psai.org

QUESTIONS REGARDING THE NOMINATION OR ELECTION PROCESS?

Contact:

Scott Thone, Nominations Chair, sathone@yahoo.com
PSAI staff, info@psai.org