

**ILLINOIS STATE MEDICAL SOCIETY  
RESIDENT AND FELLOW SECTION  
COUNCIL/COMMITTEE REPRESENTATIVE APPLICATION**

Return by Monday, April 25, 2011

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

TRAINING PROGRAM/PGY: \_\_\_\_\_

SPECIALTY: \_\_\_\_\_

**ISMS Council/Committee Choices (Rank #1, 2)**

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Please state briefly (up to one typed page) why you wish to be appointed to one of these councils or committees and what special knowledge or expertise you possess that would be an asset to these councils. Also, please attach your current curriculum vitae.

If you are not appointed as a regular member of an ISMS council or committee, please indicate if we may call upon you during the coming year for other participation opportunities as they occur (i.e., ad hoc committees, etc.).

YES \_\_\_\_\_ NO \_\_\_\_\_

**Please return this form by April 25 to:**

**ISMS Resident & Fellow Section  
Attn: Nena Samardzija,  
20 North Michigan Avenue, Ste. 700  
Chicago, Illinois 60602,**

or

send electronically to [nenasamardzija@isms.org](mailto:nenasamardzija@isms.org) or  
fax attention: N. Samardzija, 312.782.2023