



**Nomination for Appointment as a  
State/Provincial/Regional COT Chair**

**Send To:**            **Raul Coimbra, MD, PhD, FACS**  
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**State/Provincial/Regional  
Committee Name:**

**Name of Nominee:**

**Address preferred for  
correspondence:**

**Telephone:**

**Fax:**

**Email:**

**Sent By:** \_\_\_\_\_  
**Region Chief**

\_\_\_\_\_  
**Date**