

**COMMITTEE  
ON TRAUMA**



**Nomination For Appointment  
For  
State/Provincial Chair**

**TO: M. Margaret Knudson, MD, FACS  
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**FROM: Region Chief**

**Subject: Nomination Form for State/Provincial Chair**

**Name and Address**

**State/Province**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Region Chief**

**Name Typed** \_\_\_\_\_  
**Region Chief**

