

NOMINATION FORM

OMB No. 0581-0093

AMERICAN EGG BOARD — 20__-20__ TERM

AREA ____

Nomination for Member and Alternate: List first and second choice for member and alternate. Four separate names must be listed for the nomination schedule to be accepted.

Member

1st choice

_____	_____
Name	Daytime Phone

City & State	

2nd choice

_____	_____
Name	Daytime Phone

City & State	

Alternate

1st choice

_____	_____
Name	Daytime Phone

City & State	

2nd choice

_____	_____
Name	Daytime Phone

City & State	

Caucus Leader for next year (20__): _____

1-AEB

(Name)

(Organization)
(OVER)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0093. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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AREA ____

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Member A

Alternate A

1st choice _____

Name

Daytime Phone

City & State

1st choice _____

Name

Daytime Phone

City & State

2nd choice _____

Name

Daytime Phone

City & State

2nd choice _____

Name

Daytime Phone

City & State

Member B

Alternate B

1st choice _____

Name

Daytime Phone

City & State

1st choice _____

Name

Daytime Phone

City & State

2nd choice _____

Name

Daytime Phone

City & State

2nd choice _____

Name

Daytime Phone

City & State

Caucus Leader for next year (20__): _____

(Name)

(Organization)

2-AEB

(OVER)

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