$\begin{array}{c} \text{NOMINATION FORM} \\ \text{AMERICAN EGG BOARD} & --20 \text{XX-}20 \text{XX TERM} \\ \text{AREA XX} \end{array}$

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 A

		(Name)	(Organization)
Caucus Leader for n	ext year (20XX):		
_	City & State		City & State
2 nd choice	Daytime Phone		Daytime Phone
	Name		Name
		2 nd choice	
	City & State		City & State
1 st choice	Daytime Phone		Daytime Phone
	Name	1 CHOICE	Name
	<u>Member B</u>	1 st choice	Alternate B
1 st choice	City & State		City & State
	City & Stata		City & State
	Daytime Phone		Daytime Phone
	Name	2 nd choice	Name
	City & State		City & State
	Daytime Phone		Daytime Phone
	Name	1 st choice	Name
1 ct 1 .		1 st 1 .	

Alternate A

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 maintain the data needed, and completing and review the collection of information.

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