

THE OBESITY SOCIETY COMMITTEE POOL DATA FORM

Date of Submission: _____

Name: _____ Gender: _____
(Last) (First) (Middle Initial) (Designation Optional)

Professional Title or Function: _____ Racial/Ethnic Group: _____
(Designation Optional)

1. Employment Setting: _____
(e.g. University, Clinic, Private Practice, Hospital, Government, Corporate)

Preferred Mailing Address:

(No.) (Street)

(City) (State) (Zip)

(E-mail) (Phone) (Fax)

2. Years of Society Membership _____ Highest Degree _____ Year Obtained _____ Years of Professional Experience _____

3. *Previous/Current Offices held and Service on The Obesity Society Committees, Boards, Task Forces (List and give dates)

4. Previous/Current Offices held and Service on Other Professional Committees (e.g. related organizations, other professional societies, government agencies). (List and include dates)

Areas of professional interest in rank order

1. _____ 3. _____
2. _____ 4. _____

Society Committees or Boards on which I would prefer to serve

1. _____ 3. _____
2. _____ 4. _____

I will _____ Will not _____ Accept a Committee Assignment Other than the Ones Listed Above

***Note: If you wish, attach any statements by Society colleagues and/or others testifying to your previous experience.**

Please note that at a minimum, committees meet each year the day before the official start of the Annual Scientific Meeting and committee members attend this meeting at their own expense. Acceptance of appointment implies a commitment to attend these meetings.

Since there are only a very limited number of available committee appointments that may be made each year, it is impossible to meet more than a fraction of the requests to serve. If not selected for the upcoming term, please consider submitting your name for the following year. Send the completed form to: Committees, The Obesity Society, 8630 Fenton Avenue, Suite 814, Silver Spring, MD 20910, or FAX: 301-563-6595, or email to scampbell@obesity.org.