



# Nomination for AIChE Chicago Section Officers (2015-2016)

All sections with red astericks \* are required.

**Name \***

Prefix

First Name

Last Name

**Email \***

**Address \***

City

State / Province

**Phone Number**

Area Code

Phone Number

**Company and Title**

**Education, Degree and University**

**What Position Are You Running For? \***

**Previous Involvement in AIChE (Including college, local section, etc.) \***

**Why should you be elected to the position? What do you hope to accomplish? \***

**Upload picture or other documents (maximum 1MB)**

Upload a File

Submit

Clear Form