

*Information About You:*

2023 CBCRP

Council Nomination Form

Last Name: First Name: Degree:

Organization or Institution:

Address*:*

*Phone: Fax: E-Mail:*

*What Category Are You Nominating This Person to Fill?:*

*Survivor/Advocate Scientist/Clinician*

*Medical Specialist Non-Profit Private Industry*

*Has the Nominee Acknowledged That She/He is Willing to Serve? Yes No* Information About Nominee:

Last Name: First Name: Degree:

Organization or Institution:

Address:

Phone Number: Fax Number: E:Mail:

*Please Provide a Brief Description of Nominee’s Experience and Expertise:*

**Experience:**

**Expertise:**

***Enclosed Are:*** Nomination Letter Nominee’s Resume/CV

***Submit To:*** Dr. Marion Kavanaugh-Lynch

Director, California Breast Cancer Research Program Office of Research and Innovation

University of California Office of the President 1111 Franklin Street

Oakland, CA 94607

E-mail: [CBCRP@ucop.edu](mailto:CBCRP@ucop.edu)