



**CANADIAN SOCIETY OF HOSPITAL PHARMACIST
ONTARIO BRANCH**

**Call for Nominations
2023-24**

We, the undersigned, active members of the Ontario Branch, Canadian Society of Hospital Pharmacists, hereby nominate:

Name: _____

Address: _____

E-mail: _____

For the Position of: _____

CSHP Member Signature 1: _____

CSHP Member Signature 2: _____

I, _____, accept this nomination and all the responsibilities it involves.

Signature

Date

Please return this form completed and with a copy of the nominee's curriculum vitae to:

Anne Stacey

Ontario Branch, Canadian Society of Hospital Pharmacists

30 Concourse Gate, Unit #27

Ottawa, ON K2E 7V7

Fax: (613) 736-5660

E-mail: astacey@chsp.ca