SPUC Committee Application

Name _____ Credentials _____
Academic Title _____
Hospital/Institution_____
City_____State _____
Phone_____E-mail_____

Check the committee(s) in which you are interested:

Communications Committee: ☐ Social Media ☐ Newsletter

Education Committee: ☐ Annual Conference Planning ☐ Webinars

☐ **Fellowship/Training Committee** ☐ **Membership Committee**

☐ **Quality Improvement/Research Committee**

Please outline in a few sentences what sparks your interest in the committee(s) you have chosen.

Society for Pediatric Urgent Care

www.urgentcarepeds.org
2209 Dickens Road, Richmond, VA 23230-2005
Fax: 804-282-0090 · spuc@urgentcarepeds.org