



Board of Directors - Nomination Form

Persons elected to the Board of Directors of CT COLT serve without compensation for a period of four years, and must be willing to participate actively in the business of the Council. A regional director may serve for two terms or a maximum of eight years. The board usually meets bi-monthly (September, November, January, March, and June) and conducts much of its business through committees and via the Internet. I wish to nominate myself or the follow person as a possible candidate for the CT COLT Board of Directors.

On the previous page of the web site, you will find a comprehensive list of the CT COLT regions of the State of Connecticut.

Name _____

Position _____

Home Address _____
(Street, City, State, ZIP Code)

Home Phone _____
(Please include the Area Code)

Preferred E-Mail Address _____

School Name _____

School Address _____
(Street, City, State, ZIP Code)

FAX _____
(Please include the Area Code)

Experience: Languages taught, Levels, Grades, other Educational Experiences, etc.

Years of CT COLT Membership _____

Other Professional Affiliations _____

I believe that I/this person can contribute to CT COLT in the following ways:

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(continued)

I have personally contacted _____ and s/he has indicated her/his willingness to serve if elected to represent the following geographic region *(please check)*:

<input type="checkbox"/> Northwest	<input type="checkbox"/> North Central	<input type="checkbox"/> Northeast	<input type="checkbox"/> West Central
<input type="checkbox"/> Southwest	<input type="checkbox"/> South Central	<input type="checkbox"/> East Central	<input type="checkbox"/> Southeast

Name of Person Nominating _____

Address _____
(Street, City, State, ZIP Code)

Home Phone _____
(Please include the Area Code)

School Phone _____
(Please include the Area Code)

Preferred E-Mail Address _____

Please send your completed nomination form to:

**Katherine Sinisgalli
President, CT COLT
74 Rumford Street
West Hartford, CT 06107**
