

ADA ADVISORY COMMITTEE ON ANNUAL MEETINGS GENERAL MEMBER NOMINATION FORM—2021

ADVISORY COMMITTEE PURPOSE

The primary purpose of the Committee on Annual Meetings (CAM) is to provide oversight in a manner that provides an exceptional member experience at the annual meeting, to provide meeting oversight in a manner that generates non-dues revenue, and to advise the Board on matters relating to the Committee's duties.

GENERAL MEMBER SELECTION CRITERIA: The Board shall select the members to fill open positions on the Committee based on nominations from any Board member. The general members shall be selected based on specific skill sets. All nominees to the Committee shall meet the one or more criteria listed below:

- Continuing Education
 - content curation and/or speaker selection
 - continuing education planning or dental education experience at local, state, regional or national dental meetings
 - university or corporate professional continuing education planning
 - knowledge of the current speaking circuit
- Exhibitor Relations

GENERAL MEMBER COMMITTEE REQUIREMENTS: The following requirements must be met:

- Members of councils or commissions may not concurrently serve on Board committees or Board advisory committees.
- All members of the Committee must be active, life or retired members in good standing of the American Dental Association. Prior Council on ADA Sessions members are eligible for nomination as are former Advisory Committee on Annual Meetings members who have not served a full five-year term on the Committee.
- No General Committee members shall serve simultaneously in leadership on any constituent, component or significant private meetings.
- Prior to assuming a position on CAM, a General Committee member must agree, in a form approved by the ADA Legal Division, not to serve in leadership on any constituent, component or significant private meetings for two years after leaving CAM.
- Each General Committee Member shall sign a conflict of interest and non-disclosure form.

NAME OF NOMINEE:

(Please print if not completing this form electronically)

Address of Nominee:

Nominee ADA Member Number:

Conflict of Interest Statement Attached:

Nominating Trustee:

District:

Trustee has confirmed nominee is in good standing with their state dental association:

- Yes
- No

Statement of Qualifications of Nominee (optional): (Please submit a brief narrative statement of the nominees' qualifications as they relate to the above listed criteria. Note that your statement may be shared with members.)