



Executive Office

444 East Algonquin Road • Arlington Heights, IL 60005-4664

847-228-9900 • Fax: 847-228-9131 • www.plasticsurgery.org

# LOCAL-STATE-REGIONAL PLASTIC SURGERY SOCIETY ANNUAL UPDATE

Society Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address

City

State

Zip Code

Chapter website: \_\_\_\_\_

## 2020 LEADERSHIP

Please provide all information as applicable. If the society does not elect a position listed below, please leave blank.

President: \_\_\_\_\_ Term: \_\_\_\_\_  
MM/YY – MM/YY

Email Address: \_\_\_\_\_

President-Elect: \_\_\_\_\_ Term: \_\_\_\_\_  
MM/YY – MM/YY

Email Address: \_\_\_\_\_

Legislative Chair: \_\_\_\_\_ Term: \_\_\_\_\_  
MM/YY – MM/YY

Email Address: \_\_\_\_\_

PAC Chair: \_\_\_\_\_ Term: \_\_\_\_\_  
MM/YY – MM/YY

Email Address: \_\_\_\_\_

*\*Please complete page 3 if there are other Board members who should be notified regarding advocacy efforts in the state.*

Does the society engage in political advocacy and legislative efforts at the state level?

YES       NO

Does the society have a political action committee (PAC) or make campaign contributions from the society to state legislators?

YES       NO

## SOCIETY STAFF

Please provide all information as applicable. If the society does not employ a position listed below, please leave blank.

**Executive Director:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Direct Phone:** \_\_\_\_\_

**Support Staff:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Direct Phone:** \_\_\_\_\_

**Lobbyist:** \_\_\_\_\_

**Firm:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Direct Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

## ADDITIONAL 2020 LEADERSHIP

Please provide all information for any other board members who should be informed about ASPS advocacy efforts in your state/region.

Full Name: \_\_\_\_\_ Term: \_\_\_\_\_  
MM/YY – MM/YY

Board Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Term: \_\_\_\_\_  
MM/YY – MM/YY

Board Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Term: \_\_\_\_\_  
MM/YY – MM/YY

Board Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Term: \_\_\_\_\_  
MM/YY – MM/YY

Board Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Term: \_\_\_\_\_  
MM/YY – MM/YY

Board Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

Submit completed forms to  
[gkoenig@plasticsurgery.org](mailto:gkoenig@plasticsurgery.org)