AANMS Expression of Interest Form for the

**AANMS Theranostics Committee**

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| **Applicant Details** | |
| *Title* |  |
| *Given Names* |  |
| *Family Name* |  |
| *Postnominals* |  |

|  |  |
| --- | --- |
| **Preferred Contact Details** | |
| *Address* |  |
| *Phone (work)* |  |
| *Mobile* |  |
| *Email* |  |

Briefly state how your qualifications, knowledge, experience and interest in theranostics will contribute to the work and objectives of the AANMS Theranostics Committee.

*Please attach a copy of your curriculum vitae Attached*

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email completed form to the AANMS at: [gm@aanms.org.au](mailto:gm@aanms.org.au). **Closing date: 14 January 2022**