

Regional New York Women's Network Institutional Representative Form

Referred By: _____

Telephone: _____

Email: _____

Date: _____

Name: _____

Title: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Email: _____

Regional Affiliation: (please circle or highlight)

Western Region

Central Region

Mid-Hudson Region

Westchester-Rockland Region

NYC-Long Island Region

Capital-Northern Region

Area(s) of Specialty:

What are the most important elements you want to bring to the network:

What do you want to get from the network:

Please list your professional Interests: (list your top two)

Please list your research Interests: (list your top two)

Please provide one personal interest to aid in getting to know you:

Are there any presentations/workshops that you have offered or would like to design/offer for the Network that would support our mission (IDEALS): Identify, **D**evelop, **E**ncourage, **A**dvance, **L**ink, **S**upport

Signature:

Date:

Note: Please attach a copy of your resume or curriculum vitae to this form and return to your Regional Coordinator

NEW YORK STATE ACE WOMEN'S NETWORK

To promote and support women leading in higher education in New York State

<http://www.nyacenet.org/>