



**south central association
for clinical microbiology**

PMB 104
3735 Palomar Center Drive
Suite 150
Lexington, Kentucky 40513-1147
Office (888) 984-9966
Fax (888) 984-9966
scacm@scacm.org
www.scacm.org

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Areas of interest and/or professional expertise _____

___ Please contact me for more information on duties, functions and time commitments of the position(s) checked below.

___ I'd really like to get involved in some capacity. Preferred contact _____.

COMMITTEES	INTEREST GROUPS	ELECTED POSITIONS
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For additional information, please contact us at SCACM, 3735 Palomar Center Drive, Suite 150, Lexington, Kentucky 40513-1147, FAX (888) 984-9966, or email to scacm@scacm.org Thanks!