



## DELEGATE AGREEMENT

### \_\_\_\_\_ State Assembly

As a delegate or alternate to the Association of Surgical Technologists National Conference, I \_\_\_\_\_, agree to the following:

- I will attend the Opening Ceremony.
- I will attend all AST Business Sessions 1&2.
- I will attend the Candidates Forum in order to make an informed voting decision.
- I will report to the delegate Chair before each business meeting, during the Candidates Forum, before voting and any other time the Chair deems necessary.
- I will be available to vote at the designated time.
- If I fail to meet any of the above criteria I understand that I forfeit the delegate stipend (if offered).
  - As an acceptance of a stipend or per diem I will submit receipts of purchases to the State Assembly Treasurer for ~~food, lodging, and transportation for~~ reimbursement after conference.
- If I have been elected to serve as a delegate and do not meet these requirements, I understand that I may be asked to step down as delegate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of State Assembly Treasurer: \_\_\_\_\_

Signature of State Assembly President: \_\_\_\_\_

*For state assembly records, do not submit to AST*