NCRTAC Executive Council Current Members

| **Name** | **Affiliate** | **Term Exp** |
| --- | --- | --- |
| 1. Sara Steen
 | Aspirus Wausau Hospital | June 2024 |
| 1. Gina Brandl
 | Marshfield Medical Center | June 2024 |
| 1. Jennifer Roberts-Hagen, MD
 | Marshfield Medical Center | June 2024 |
| 1. Daniel Wall
 | Marshfield Clinic Health System | June 2024 |
| 1. Jason Keffeler
 | Aspirus Wausau Hospital | June 2025 |
| 1. Corey Smith
 | City of Antigo FD | June 2025 |
| 1. Delmond Horn
 | Greenwood EMS | June 2025 |
| 1. Michael Clark, MD
 | Aspirus MadEvac, multiple EMS | June 2025 |
| 1. Mark Schroeder
 | Aspirus MedEvac | June 2025 |
| 1. Chris Keller
 | Marshfield Medical Center – Neillsville | June 2025 |
| 1. Rachel Symons
 | Marshfield Medical Center | June 2025 |
| 1. ~~Liz Kracht~~
 | ~~Marshfield Medical Center~~ | ~~June 2025~~ |
| 1. Linda Vollmar
 | City of Antigo FD | June 2026 |
| 1. Kenneth Marg
 | Neillsville Ambulance | June 2026 |
| 1. Amanda Tabin
 | Aspirus Wausau Hospital | June 2026 |
| 1. Jenny Blenker
 | Aspirus Stevens Point Hospital | June 2026 |
| 1. Cathy Connor
 | Aspirus Langlade Hospital | June 2026 |

**NCRTAC Executive Council**

**May 2024 Ballot**

|  |  |
| --- | --- |
| **Candidates for Executive Council** (Vote for up to FIVE Executive Council Nominees) | **Write-in** 􀂅 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_􀂅 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_􀂅 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_􀂅 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_􀂅 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Scan and email your ballot to Michael.fraley@NCRTAC-WI.org or mail it to:NCRTACPO Box 23Woodruff WI 54568 |
| 􀂅 Sara Steen􀂅 Jennifer Roberts-Hagen, MD􀂅 Daniel WallFLOOR NOMINATIONS􀂅 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_􀂅 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_􀂅 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_􀂅 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

**If person casting ballot is NOT physically present (in person or online) the following information is needed from them:**

**Ballot cast by:**  (Print Name)

Organization (Print)

E-mail address: (Print)