

Area Commission Membership Registration

	A	B	C
1	FIELD Legistar <u>Franklinton AC</u> (enter the name of the Commission)	CURRENT INFORMATION Legistar <u>Change of address/tele number</u> (note action required - appointment, reappointment, resignation, informational change notes)	NEW INFORMATION (1) Please print new information clearly, OR (2) Place a “check” in these boxes if member is re-elected and information is unchanged (3) Do not forget to update “Term Expiration” for re-elected members
2	First Name	Cheryl	X (No change)
3	Last Name	Mace	
4	Title	Commissioner	
5	Address	793 W. State Street	
6	City	Columbus	
7	State	Ohio	
8	Zip Code	43222	
9	Home Telephone	Cell # 614-560-0357	
10	Work Telephone	614-560-0357	
11	Fax Number	614-234-6703	
12	Email Address	cmace@mchs.com	
13	District/Designation	Appointed	
14	Term Start Date	4-9-13	
15	Term Expiration	10-31-14	
16			

Short Bio: Over thirty years experience in professional medical settings, including acute care, subacute care, long-term care, medical sales, and academic success services. Presently am Chief Mission Leader for Mount Carmel East and West, facilitating the integration of the Mission at these two campuses and throughout the Mount Carmel System.