



INTERNATIONAL SOCIETY FOR KEY WOMEN EDUCATORS
DELTA KAPPA GAMMA

Illinois Lambda State Organization

Chapter Visitation Scheduling



Name of Chapter _____ Number _____

2014 -2016 President's Name _____

Address _____ City _____ Zip _____

Telephone # _____ E-mail _____

2014 -2016 Co-President's Name (if applicable) _____

Address _____ City _____ Zip _____

Telephone # _____ E-mail _____

2016 -2018 President's Name ____/_____

Address _____ City _____ Zip _____

Telephone # _____ E-mail _____

2016 -2018 Co-President's Name (if applicable) _____

Address _____ City _____ Zip _____

Telephone # _____ E-mail _____

Dates Selected for Chapter Visit - 1st Choice _____

2nd Choice _____

Please e-mail this form to Sue Dion by June 30, 2016 at sddion56@gmail.com or postal mail to 139 Barrington Lane, East Peoria, IL 61611