



INTERNATIONAL SOCIETY FOR KEY WOMEN EDUCATORS  
**DELTA KAPPA GAMMA**

Alpha Iota State – Michigan

**OFFICIAL STATE VISIT 2009-2011 BIENNIUM**

Today's Date: \_\_\_\_\_ Chapter: \_\_\_\_\_

From: \_\_\_\_\_ Title: \_\_\_\_\_

Requesting Visit of (Name of State Officer/ Committee Chairman):

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

Chapter Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Street/PO Box/Apt. #                      City                      State                      Zip

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

(Please include ONLY if you check regularly)

Month/Date/Time of Meeting:

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

Location: \_\_\_\_\_

(On reverse side, please provide specific directions and/or map)

Nature of Meeting: \_\_\_\_\_

Role of State Visitor: \_\_\_\_\_

(On reverse side, or include with request)

Attire (formal, dressy, etc.): \_\_\_\_\_

**\*\*\*Please include some background information about your chapter\*\*\***

Your prompt return of this form is appreciated. Please send **TWO** copies of this completed form to:

Fran Saenz, Chapter Visitations Chairman

17269 Vacri Lane

Livonia, Michigan 48152

Phone: 734-522-7749

E-mail: [mafrans@sbcglobal.net](mailto:mafrans@sbcglobal.net)

**NOTE:**

Please make ALL arrangements for an official state visit directly with the Chapter Visitations Chairman listed above.

Visit Confirmed by: \_\_\_\_\_

Date of Visit: \_\_\_\_\_