



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):

1st Choice: _____

2nd Choice: _____

3rd 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:

1st Choice: _____

2nd 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

NOTE:

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

Visit Confirmed by: _____

Date of Visit: _____