

**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
ETA STATE**

CONVENTION SALES APPLICATION

Date of application: _____

Responsible Person: _____

___ State Committee ___ Chapter ___ Individual Member ___ Vendor

Specify Name of committee, chapter, individual or vendor: _____

Item(s) to be sold: _____

Signed by Responsible Person: _____

_____ Approved and Scheduled

_____ Not Approved; Reason _____

Amount to be paid: _____ Date: _____

Finance Chairman Signature: _____

(Signed original kept by the Finance Committee and copy given to Responsible Person upon approval)