

ALPHA KAPPA STATE 73rd SPRING CONVENTION

Saturday, April 28, 2012

Courtyard by Marriott

4 Sebethe Drive, Cromwell, CT 06416

Phone: 860-635-1001

EMBRACING OUR VISION: DESIGNING OUR FUTURE

The Delta Kappa Gamma Society International: Focus on Early-Career Educators

7:45 a.m.	Registration, Fund Raiser Sales
8:30 a.m.	Ceremony of Life
9:10-9:20 a.m.	Introductions, Welcome, Flag Ceremony
9:35-10:05 a.m.	Business Meeting
10:05-10:20 a.m.	Break, Fund Raiser Sales
10:20-11:20 a.m.	Alice Carrier, International First-Vice President and International Guest: <i>International Update - Early-Career Educators in the Spotlight</i>
11:20-11:30 a.m.	Outstanding Service Award
11:30 a.m.-12:15 p.m.	Break
12:15-1:15 p.m.	Lunch, Birthday Celebration and N. Y. International Convention DVD
1:15-1:40 p.m.	U.S. Coast Guard Academy Glee Club Ensemble
1:40-1:55 p.m.	Scholarships
1:55-2:15 p.m.	Service Pin Awards
2:15-2:35 p.m.	Newsletter Awards, Margaret Croft Quilt Fund Raiser, State Fund Raiser
2:35-2:45 p.m.	Closing Remarks and the Delta Kappa Gamma Song

REGISTRATION FOR THE CONVENTION

Please send form below with meal choice(s) and check made out to:

Delta Kappa Gamma, Alpha Kappa State

Mail to: Mrs. Jean Chappell, 40 Walter Avenue, Norwalk, CT 06851

Phone: (203) 853-2633

Email: jchappell513optonline.net

DIRECTIONS TO COURTYARD BY MARRIOTT

Traveling North or South: I-91 North or South to Exit 21, turn right at end of exit.

Turn right at the Burger King onto Sebethe Drive. Hotel is on the right.

From New York City/Bridgeport: I-95 to I-91 North to Exit 21. Follow directions above.

Parking is at front, side and back of hotel.

****REGISTRATION DEADLINE APRIL 14, 2012****

Name: _____ Chapter _____

COMPLIMENTARY COFFEE and TEA available from 7:30-9:30 a.m. (no breakfast available)

Check your choice(s) below:

___ Roasted Top Sirloin, Sliced and Topped with Mushroom Sauce \$33.00

___ Maple Glazed Salmon, Pan Seared Filet with Maple Glaze \$32.00

___ Chicken Milanese with Parmesan Breading and White Wine Sauce \$30.00

(All entrees include: Garden Salad, Seasonal Vegetables, Starch, Fresh Rolls, Birthday Cake, Coffee/Tea)

IF YOU HAVE ANY FOOD ALLERGIES, PLEASE INDICATE HERE: _____

CONFERENCE COSTS:

Registration fee (\$5.00 per person) \$ _____

Guest Name/s: _____ Lunch Cost/s (see item/s checked above) _____

Choice _____ GRAND TOTAL _____

PLEASE CHECK: I will be receiving a service pin award ___ YES ___ NO

PHOTO RELEASE: By your attendance at this event you are granting permission to be filmed, videotaped, audiotaped or photographed by any means and are granting full use of your likeness, voice and words without compensation.