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**Delta Kappa Gamma Society International
Alpha Zeta State
Program Presenter Recommendation Form**



DKG-AZS Member
Chapter
Member Contact Information
Phone
E-mail

Presenter for workshop

Name
Address
Phone
E-mail
Fax

Background information if known:

Workshop title and brief description:

Have you heard this person present the workshop? yesno

If not, can you provide a contact person who will validate the presenter/presentation?