

Call for Workshop Presenters

ALPHA ALPHA STATE CONVENTION

Workshop Title: _____

Presenter(s) and Chapter Name _____

Address of the Presenter(s) _____

Telephone: () _____ Fax () _____ E-mail address _____

Workshop Category (check one)

_____ Society Information _____ Personal/Professional Development
_____ Cultural/Personal Enrichment _____ Other

Brief Overview that may be used in the program booklet:

Equipment needed: _____

I agree that if my proposal is accepted I will be in attendance at the convention and further understand that I will be expected to pay the appropriate convention registration fee as well as travel expenses and lodging. I understand that Alpha Alpha State cannot reimburse presenters or chapters for any expenses incurred for this workshop.

Signed _____ Date _____

Please return original form (keep a copy for yourself) no later than **December 1, 2009** to:
Karen Tinstman, 2045 Eastbrook Rd., New Castle, Pa. 16101 (724-654-4774)
katncpa@aol.com.

