

**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
FOUNDERS' BANQUET**

Reservation Form

I will be attending the Delta Kappa Gamma Founders' Banquet to be held at Monument Inn on Thursday, May 12, 2016, at 6 p.m. I understand the price is \$25 per plate. Please make a reservation in my name. Registration will be from 5:30-6:00 p.m.

MENU
Choice of Fried Shrimp, Blackened Tilapia or Grilled Chicken Breast
Tossed Green Salad
Baked Potato
Homemade Cinnamon and Yeast Rolls
Water, Iced Tea, Coffee

I will be bringing ____ guest(s) @ \$25 each.

Name of guest(s): _____

Chapter of guest(s): _____

If guest is state personnel, please give position so she can be recognized:

I will **not** be bringing a guest.

Please mail this form and a check made payable to **Epsilon Psi** to:

Mrs. Carolyn Francis
2104 Buchanan Drive
Baytown, TX 77520-5607

Deadline for reservations: **Thursday, April 28, 2016**. *No monies will be refunded after the deadline.*

Name of Delta Kappa Gamma member: _____

Chapter of Delta Kappa Gamma member: _____

State/International Personnel position: _____