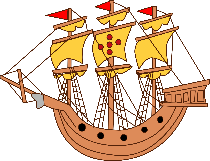
**Indiana State Organization of DKG**

**“Don’t Give up the Ship”**

**Registration Form for 2022 CCOT**

**Things to Remember**

* Presidents will have a choice of an in-person training on **Wednesday, June 8**, at the MCL at 2370 West 86th Street in Indianapolis or an on-line training on **Thursday, June 9**, at 10 a.m.
* Treasurers will have a choice of an in-person training on **Wednesday, June 8**, at the MCL at 2370 West 86th Street in Indianapolis or an on-line training on **Tuesday, June 14th** at 2 p.m. or **Wednesday, June 15th** at 10 a.m.
* All other sessions will be held **virtually only**. Those sessions include

1. Program
2. Membership
3. Secretary
4. Communication/Publicity

* A **$10 registration** fee will be paid by each attendee, whether in person or virtual. The chapter may send *one check totaling the number of sessions attended*. If more than one person attends the session, $10 is expected from each one.
* Please send the registration form by **Monday, May 16**. *Late registration forms received after that date will be accepted; however, dates and times cannot be guaranteed*. You may email the registration form to Jo Jones at [immsjjj@comcast.net](mailto:immsjjj@comcast.net). Checks and hard copies of the registration form need to be sent to Jo Jones, 927 S. Shook St., Osgood, IN 47037.
* Chapter presidents need to fill out the form for all chapter members who will be attending.

**FILL OUT THE FOLLOWING:**

**President Session**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_

Check which session **Wed., June 8, 10 a.m. \_\_\_\_\_ Thurs., June 9, 10 a.m. \_\_\_\_\_**

**Treasurer Session**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check which session **Wed., June 8, 10 a.m. \_\_\_\_\_ Tues., June 14, 2 p.m. \_\_\_\_\_ Thurs., June 15, 10 a.m. \_\_\_\_\_**

**Membership Chairman Session**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check which session **Mon., June 6, 10 a.m. \_\_\_\_\_ Fri., June 10, 1 p.m. \_\_\_\_\_**

**Program Chairman Session**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check which session **Thurs., June 16, 7 p.m. \_\_\_\_\_ Fri., June 17, 10 a.m. \_\_\_\_\_**

**Secretary Session**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check which session **Thurs., June 9, 10 a.m. \_\_\_\_\_ Tues., June 14, 10 a.m. \_\_\_\_\_**

**Communication/Publicity Chairman Session**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check which session **Mon. June 13, 10 a.m. \_\_\_\_\_ Thurs., June 16, 10 a.m. \_\_\_\_\_**

**Send a check payable to DKG Indiana State Organization** to

Jo Jones

927 S. Shook St.

Osgood, IN 47037

President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ($10/person)

Treasurer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ($10/person)

Secretary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ($10/person)

Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ($10/person)

Membership ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ($10/person)

Comm/Publ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ($10/person)

TOTAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person who filled out the form**:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_