



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 jmmsjji@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 _____